28
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REPORT OF THE PROCEEDINGS

OF THE

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

SESSION 1868-1869.

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NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE Annual Meeting was held on September 24, 1868; Dr. GIBB, President, in the chair.

The following gentlemen were elected members:—

Dr. W. A. Paxton.
Dr. Collins, Bishop Auckland.
Dr. J. S. Stuart, Park Road.

The following gentleman was proposed for election as a member:—

Mr. T. O. Wood, Dunston Lodge.

The Secretary read the Report of the Committee, as follows:—

REPORT FOR 1867-8.

YOUR Committee have the pleasure of reporting that the Session 1867-8 has been, on the whole, a more successful one than its predecessor. The papers read have been more numerous, and many of them of great interest and importance. But they still think there is much room for improvement, and respectfully urge every member to do his utmost to further the prosperity of the Society, by the preparation of papers, and the exhibition of pathological specimens. The success of the meetings depends especially

on the former. When papers are not forthcoming, the attendance of members is scanty, and the meetings lose their interest.

The Committee also beg to urge on the members the importance of a more numerous attendance at the Annual Meeting, at which rarely more than a dozen are present to elect the officers, and transact business, often of the utmost consequence to the welfare of the Society.

The following pathological specimens have been exhibited:—

Dr. GIBB.—Comminuted fracture of scapula.

Dr. HEATH.—1. Cancerous breast. 2. Fatty tumour removed from margin of anus. 3. Uterine polypus. 4. Nasal polypus. 5. Polypus from Rectum. 6. Recurrent tumour removed from a lady's neck. 7. Stone removed from female bladder through the urethra, after dilatation by sea-tangle tents.

Dr. GIBSON.—Decidua from uterus forming a cast of the organ.

Dr. EMBLETON.—Hypertrophied heart with warty and calcareous vegetations.

Dr. CHARLTON.—Liver with pyæmic abscesses.

Dr. PEART.—Epiglottis with ulcer from a case of measles.

Mr. LIGHTFOOT.—1. Fibrous polypus of uterus. 2. Recurrent fibroid tumour.

Dr. MURRAY.—Hydrocephalic skull.

Dr. ARNISON.—1. Mammary cancer from a cat. 2. Cancer of female breast. 3. Epithelioma of penis.

Dr. PHILIPSON.—1. Cancer of male breast. 2. Caries of temporal bone; and microscopical preparations of many of the specimens named above.

The list of papers contributed to the Society is as follows:—

Dr. CHARLTON.—1. On a singular case of chorea. 2. On a fatal case of purulent otorrhœa. 3. On a case of hepatic abscess.

Dr. EMBLETON.—1. On a case of rupture of the linea alba. 2. On two specimens of fractured femora with reunion, in an Ancient Briton. 3. On a case of occlusion of the ductus communis choledocus.

Dr. GIBSON.—On epithelial cancer.

Dr. GIBB.—On the use of a new vulcanite India rubber catheter.

Dr. PHILIPSON.—1. Report upon the cases admitted into the Newcastle Fever Hospital during the year 1866-7. 2. On the permanence of type of diseases exampled by the continued fevers.

Dr. EASTWOOD.—1. Report of cases of insanity at Dunston Lodge. 2. On general paralysis of the insane.

Dr. H. GRAINGER STEWART.—On the duties of the ordinary medical practitioner to the insane.

Dr. T. T. PYLE.—Notes of a case of ovariotomy.

Dr. MAXWELL F. REILLY.—On a case of ptosis.

It will be in the recollection of the members that, in January last, the first system of registration of disease, introduced by Dr. Philipson, was, at his suggestion, given up in favour of a plan introduced by the Manchester Sanitary Association, and since adopted by the British Medical Association, by which the returns are limited to public practice in Newcastle and Gateshead, and the list is extended so as to include general, as well as zymotic, disease. Dr. Philipson has continued to collect the returns and compile the tables, which have been forwarded to each member of the Society, and to each of the gentlemen supplying the returns. The registration now being restricted to known and comparatively unchanging sources, each year will add to the value of the reports, as more extended data for comparison are year by year acquired. Already they have been referred to in the journals both of London and the provinces, when sanitary measures have been under discussion. The Society cannot but acknowledge its great obligation to the gentlemen who supply the necessary information, and to Dr. Philipson, for the care and labour bestowed on the compilation of the tables.

The committee trust that the contributors will kindly continue to forward their returns with the least possible delay, in order that sufficient time may be allowed for their embodiment, and for the preparation of the report in time for the monthly meetings.

Numerically, the condition of the Society has but slightly improved, the total number being one hundred and four, and two honorary members—against one hundred last year. Twelve new members have been added, two have died, one has resigned, and five have been struck off the list for non-payment of subscriptions, showing a net increase of four.

The financial condition of the Society is as follows:—Income, including balance from last year, £61 8s. 4½d.; expenditure, £47 12s.; leaving a balance in hand of £13 16s. 4½d. The arrears of subscriptions, due by members, amount to the large sum of £10 10s., and the committee request those gentlemen who wish to continue members to pay their arrears to Mr. Dodd without delay.

The Society has to lament the death of two prominent members—Drs. White and Jollie. Dr. White ably filled the presidential chair in 1854–5 and 6, and always evinced great interest in the welfare of the Society.

The loss of Dr. Eastwood, who has left this district, will also be felt, as he was a most regular attender at the meetings, and a contributor of several valuable and important papers on psychological subjects.

According to instructions received at the last Annual Meeting, the Committee have revised the Rules of the Society. A copy of the proposed alterations has been forwarded to every member, and

their adoption, or otherwise, has to be determined by the present meeting.

On the motion of Dr. GIBSON, seconded by Mr. NEWTON, the Report was adopted.

The alterations in Rules 7, 8, and 9, as proposed by the Committee, were considered, and, with a few alterations, carried. The Rules, as amended, are appended to this Report.

It was moved by Dr. BURNUP, seconded by Dr. PHILIPSON, and carried, that Mr. Dodd be re-elected paid Secretary.

Mr. HAWTHORN moved that the cordial thanks of the Society be given to Dr. Gibb, the retiring President, for his conduct in the chair during the two years in which he has held the office of President.

The motion was seconded by Dr. BURNUP, and carried by acclamation.

THE First Monthly Meeting of the Society was held on Thursday, October 8th, 1868.

Dr. GIBB, on taking the chair, said his only duty was to resign it to his successor, Dr. Gibson; and, in doing so, he begged to thank the Members for the kindness and courtesy he had experienced from them, during the two years that he had held the office of President.

The chair was then taken by Dr. GIBSON, who said, he could not take the chair without expressing his hearty thanks to the Society for the honour conferred upon him. He felt fully the dignity and responsibility of the office, and the care necessary for its proper management. Few difficulties had as yet arisen in the Society, but yet difficulties might arise, and, if so, he trusted he would receive the support of the Society. He felt most anxious that the Society should flourish, but he thought it had often seemed to languish. He believed that Members might make it as complete and successful as could be wished, if every one would exert himself. He would, therefore, beg to urge individual effort, and more frequent attempts on the part of the Members generally; not to leave the work of the Society to a few individuals.

Mr. T. O. Wood, Dunston Lodge, was elected a Member of the Society.

The following gentleman was proposed for election as a Member:

Mr. J. T. Tatum, Ponteland.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FOURTH REPORT FOR 1868.

By G. H. PHILIPSON, M.A., M.D.

The returns for the months of June, July, and August, from May 31st, to August 29th, 1868, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns :—

DISEASES.

The extent to which they prevailed in union, charitable, and public institutions is shown in the following table. The new cases of disease and injuries occasioned by accidents ; the seizures from the zymotic division of diseases ; and the total number of cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
June 6.....	299	65	34	14	1	2
June 13.....	292	55	50	9	3	2
June 20.....	305	44	54	5	9	0
June 27.....	259	52	38	13	9	0
July 4.....	322	80	69	15	3	0
July 11.....	333	100	73	22	4	0
July 18.....	327	105	78	18	4	0
July 25.....	301	105	74	35	4	1
August 1.....	314	123	85	45	2	1
August 8.....	303	126	76	40	1	1
August 15.....	329	105	89	31	9	2
August 22.....	288	101	66	27	2	1
August 29.....	309	106	90	33	4	1

The total of the new cases of disease and injury, in Newcastle, during the time under consideration, has undergone no great change, the number for the first week of June being 299, and that for the last week of August, 309. The weekly numbers, however, have fluctuated between 259 and 333, the former being the number for the last week of June, and the latter that for the second week of July, the sudden increase being wholly due to diarrhœa. The average of the first four weeks is 289, and that of the last four 307, but after the cases of zymotic diseases have been deducted, the average of the first four weeks is 242, and that of the last four 225. In Gateshead, a gradual increase in the total number of cases returned has occurred. The numbers have fluctuated between 44 and 126. The average of the first four weeks is 54, and that of the last four 109 ; but, after the cases of zymotic diseases have been deducted, the average of the first four weeks is 42, and that of the last four 76.

The seizures from the zymotic division of diseases, in both towns, have notably increased. In Newcastle, the weekly numbers have varied between 34 and 90, and in Gateshead between 5 and 45. In Newcastle, the average of the first four weeks is 44, and that of the last four 80 ; and, in Gateshead, the average of the first four weeks is 10, and that of the last four 33. In both towns, the increase was entirely owing to the prevalence of diarrhœa.

Small pox, in both towns, has been unrecorded.

Measles, scarlatina, and hooping cough have never been prevalent. Measles, in Newcastle, has never been reported over 6, in a single week ; and, in Gateshead, only a single case during the three months. Scarlatina, in Newcastle, has never been reported over 8, in a single week ; and, in Gateshead, over 11. Hooping cough, in Newcastle, has never been reported over 6, in a single week ; and, in Gateshead, over 2.

Diphtheria, in Newcastle, has been twice recorded—once, in the first week of July, and again in the last week of the same month. One case proved fatal.

Croup has been reported to the following extent :—In Newcastle, 8 cases, and in Gateshead, 1 ; recovery in all.

Erysipelas has been thus noted—in Newcastle, 34 cases, 3 fatal ; and, in Gateshead, 5 cases, no deaths.

Typhus fever, in both towns, has been very little in force. The weekly numbers, in Newcastle, have varied from 1 to 9 ; and, in Gateshead, have never exceeded 2 ; and for five weeks, of June and July, the disease was unrecorded. The total admissions into the Newcastle Fever Hospital, in June, amounted to 10, of which 9

were typhus ; in July to 10, all typhus ; and in August to 13, 12 typhus. In June, 1867, the admissions from typhus amounted to 35 ; in July to 30 ; and in August to 21. The total of the three months of 1868 being 31, against 86, the total of the corresponding period of 1867.

Diarrhœa has been prevailing, but never in excessive amount. The total number of cases, in Newcastle, amounted to 498, with 7 deaths, or 1·4 per cent. fatal ; and, in Gateshead, to 174, with 9 deaths, or 5·2 per cent. fatal. In Newcastle, 60 cases were returned in June, 234 in July, and 204 in August ; in Gateshead, 8 cases in June, 89 in July, and 77 in August.

Dysentery has been common. In Newcastle, 27 cases have been reported—11 in June, 13 in July, and 3 in August ; and, in Gateshead, 10 cases—5 in July, and 5 in August.

Asiatic cholera, excepting a single case, so returned, in Newcastle, in the third week of June, has been absent. The case was that of a baker, who had partaken of unwholesome food, and who afterwards suffered from severe vomiting, diarrhœa, violent cramps, and complete suppression of urine.

Puerperal fever, in both towns, has been unrecorded.

Two cases of ague, at the Newcastle workhouse, have been returned.

A slight case of sun-stroke, in a child, in Newcastle, in the first week of August, has been reported.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 14 and 31 ; and in Gateshead, between 1 and 10.

Under phthisis, during the three months, in Newcastle, 145 cases were returned, against 189 during March, April, and May, taken together ; and in Gateshead 56 cases, against 50, during March, April, and May.

DEATHS.

The total registered in Newcastle ; the registered number, as compared with the corrected average weekly number in the ten years, 1851 to 1860 ; the number in public and private practice ; and the annual rate of mortality in Newcastle ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
June 6.....	46	22 under.	11	35	19	0
June 13.....	51	17 under.	10	41	21	0
June 20.....	59	9 under.	14	45	24	0
June 27.....	55	13 under.	15	40	22	1
July 4.....	64	4 under.	12	52	26	1
July 11.....	67	1 under.	16	51	27	2
July 18.....	73	5 over.	11	62	30	0
July 25.....	63	5 under.	14	49	26	0
August 1...	63	5 under.	12	51	26	1
August 8...	64	4 under.	10	54	26	5
August 15...	76	8 over.	8	68	31	2
August 22...	66	2 under.	11	55	27	1
August 29...	73	5 over.	16	57	30	5

The total of the deaths registered in Newcastle have fluctuated between 46 and 76, the former being the number for the first week of June, and the latter that for the second week of August. In the third week of July, and in the last week of August, the number was 73. The average of the thirteen weeks, is 63, against 55, the average of March, April, and May, taken together.

The registered number, with three exceptions, has in every week been under the corrected average weekly number in the ten years 1851 to 1860. The number has varied from 22 under to 8 over; the former being the number for the first week of June, and the latter that for the second week of August.

The annual rate of mortality has varied from 19 to 31, the former being the number for the first week of June, and the latter that for the second week of August. The average rate of the thirteen weeks is 26 against 33, the average for the months of March, April, and May.

From the zymotic division of diseases, during the thirteen weeks, 31 deaths occurred in Newcastle, of which 10 were occasioned by

diarrhœa and 2 by dysentery; and in Gateshead, 11, 9 by diarrhœa. In the months of March, April, and May, 39 deaths from zymotic diseases occurred in Newcastle, and 11 in Gateshead.

From typhus fever, during the thirteen weeks, 4 deaths occurred in Newcastle, against 24 in March, April, and May; and not a single one in Gateshead.

From phthisis, during the thirteen weeks, 29 deaths took place in Newcastle, against 35 in March, April, and May; and in Gateshead, not one, against 11, in March, April, and May.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
June 6	53·3°	59·2°	0·04
June 13	54·8°	58·6°	0·00
June 20	58·5°	60·3°	0·00
June 27	56·7°	65·4°	0·17
July 4	58·0°	63·6°	0·00
July 11	57·5°	61·6°	0·18
July 18	60·0°	65·7°	0·24
July 25	60·3°	70·7°	0·17
August 1	62·8°	69·2°	0·05
August 8	63·9°	67·6°	0·25
August 15	61·5°	69·8°	0·82
August 22	54·9°	64·3°	0·40
August 29	52·5°	61·9°	0·75

The temperature, in Newcastle, was highest in the first week of August and lowest in the last week of the same month. In the former, the weekly mean was 63·9°, and in the latter, 52·5°. During June and July, the temperature gradually increased from 53° to 62° In the second week of July it reached 60°, and continued between 60° and 62° to the end of that month.

In the second week of August, the week after the one when the temperature was highest, the deaths, in Newcastle, were more numerous than in any other week of the three months, and were eight over the corrected average weekly number.

The total rain fall in June amounted to 0·21 inches; in July to 0·59 inches; and in August to 2·27 inches. The total of the three months being 3·07 inches, against 5·22 inches—the total for the months of March, April, and May.

Hereto, the weekly tables of diseases and deaths are appended.

Dr. Philipson, in concluding his report, thanked those gentlemen who supplied the returns with so much regularity. As showing their value, he said he had had applications for copies of the tables from England, Scotland, and Ireland.

The President expressed to Dr. Philipson the obligation of the Society for his labours in preparing the reports.

Dr. Gibb remarked, that although Dr. Philipson's returns only showed one death from diphtheria, he had, unfortunately, lost three patients of that disease during the last month (September). They were all children, members of one family. The first case occurred in a little girl, aged four. The disease, on the second day, had invaded the glottis, and, as suffocation was imminent, tracheotomy was performed, with the effect of saving her for two days. The second was the most remarkable, as it happened a week afterwards to the infant, aged eighteen days, who was not known to be ill of the disorder until, whilst at the mother's breast, bleeding suddenly occurred from its throat, and carried it off in a few minutes. The third was a daughter, aged seven, who survived seven days. In the latter case, as well as in another girl who was similarly affected, but who, fortunately, recovered, Dr. Gibb had found *Dr. Adams's inhaler for the employment of medicated vapours and sprays* very useful. He showed the instrument to the meeting, when its simplicity and cheapness elicited marks of approbation. The instrument consists of a small steam boiler; the steam is produced by the heat from a spirit lamp, and, being propelled through a common glass spray tube, disperses the sulphurous acid, or other medicated liquid, along with the column of steam, in the same manner as it is thrown out by all other spray instruments, the steam being employed instead of the air, as in other instruments.

The inhaler is now supplied by Mr. Brady, Chemist, Newcastle, the price being about five shillings.

PATHOLOGICAL TRAY.

Dr. Gibb exhibited a small calcareous tumour, about the size of a small almond, which he had removed from the subcutaneous tissue of the prepuce of a middle aged person. The patient had had a hard Hunterian chancre upwards of eight years ago, and thought the tumour had proceeded from it, as he had noticed it growing ever since. Dr. Gibb considered that it had been produced in the interior of a diseased sebaceous gland.

Dr. Gibb also exhibited the humerus taken from a boy aged nineteen, who had died in the Infirmary from an attack of Bright's disease, and from whom he had removed a considerable portion of the necrosed shaft of the humerus two months before his death. The humerus was a good specimen of the reparative power of nature in restoring the loss of the shaft of a bone by the production of new bone.

Dr. Arnison exhibited an aortic aneurism, with the sternum and part of the ribs attached, with the following description :—

The patient, aged 48, a joiner, came under Dr. Arnison's care at the Dispensary, some weeks ago, with a pulsating tumour on the front of the sternum, 6 or 7 inches in diameter.

In June, 1867, when lifting a heavy weight, he felt as if something had given way in his chest, and, in a fortnight from that time he observed the tumour—then only about the size of a walnut. From its commencement the disease had been almost painless.

Knowing that Dr. Murray took great interest in the subject of aneurism, he was requested to see the case, and proposed the introduction of needles.

On September 16th, 33 needles were inserted into the aneurism, some being passed through it on a level with the sternum in such a manner that—could they have been seen—they would have looked like the spokes of a wheel, while others were inserted at short intervals over the whole surface of the tumour, which then looked like a pincushion stuck full of large pins. The patient was kept in the horizontal position.

On the 21st, 8 or 9 of the needles were removed, the pulsation not being decreased, nor the tumour at all firmer. On the 22nd, 12 more needles were removed ; and, on the 23rd, the whole of the remainder. Very little bleeding took place, but he afterwards complained of a good deal of pain, which was relieved by hypodermic injection of morphia, and the character of the aneurism seemed unchanged. On the 27th, he appeared to be sinking, but rallied under the use of stimulants. On the 30th he died.

The aneurism was found to have penetrated the sternum, in which was an opening about two inches in length, and an inch in

breadth. The sac in front of the sternum was bounded by little more than the skin, its proper wall being excessively thin. In its cavity was a clot, with numerous interlacing fibrinous bands, firm in the centre, but semi-fluid at the circumference, and about three inches in diameter. It was connected, by a narrow band, with a clot of yellow fibrine lying in that part of the aneurism which was within the chest. The walls of the aorta were thin, and contained several plates of atheroma. The aneurism was in the arch of the aorta, in the ascending and transverse portions.

Dr. Gibb said he objected to the mode of treatment adopted, because whatever might be done with the external portion of the aneurism, there was, internally, a sac, which could not be reached by this means.

SHORT NOTES OF THREE CASES OF TETANUS.

By Dr. GIBB.

The following cases were all Infirmary patients, and had occurred during the month of September, of this year. The first patient was a boy of fourteen, who, whilst working at an oil mill, was caught by the machinery, and had his right arm torn off at the shoulder joint. He was admitted on the 28th of August; and the machine was found to have torn off the arm at the joint, so close to the scapula that no skin or muscle was left to form a flap. The axillary artery was ligatured, and the stump covered with water dressing. He was cold and collapsed, although he had not lost much blood. He was well supported with beef tea, &c., and recovered remarkably well, the stump throwing off sloughing portions of the torn surface, until the night of the sixth day, when slight rigidity of the neck and countenance set in, and became developed into regular tetanus on the seventh day after the occurrence of the accident. The sixtieth of a grain of atropia was given, every two hours, during the first day of the tetanic symptom, and increased to the thirtieth of a grain on the second day, but he died on the third day. The atropia appeared to have relieved somewhat the severity of the spasm, but to have had no decided controlling effect over the disease. No *post mortem* examination was made of the wound or spine.

The second case was also admitted on the 28th of September. He was a tailor, aged 44, who had been ill of digestive disorders for long, and had accidently shot himself on the day of his admission. The charge of small shot had entered about the centre of the

ulnar side of the forearm, and could be traced by the finger to have traversed the flexor muscles, and torn them all the way up to beyond the elbow. The shot could not be detected, evidently lying around the elbow and humerus; and it was judged expedient to allow them to remain. Poultices were applied, and there was very little constitutional disorder. Erysipelatous swelling set in three days after the accident. An abscess above the elbow formed, and was opened on the fifth. Symptoms of tetanus set in on the sixth, and he died on the eighth. The tetanic convulsions were very violent from the first, and remained quite uncontrolled, or even relieved, by the administration of one grain of muriate of morphia, every hour; although at one time it exercised so somnolent an effect, as to have threatened coma. *Post mortem* examination showed the shot to be lodged around the elbow; about two inches of the median nerve were shot away, the ends of the nerve being in a pulpy sloughing state. An abscess also extended along the biceps, from the elbow as far as the shoulder. The spine was not examined.

The third case occurred to a girl, aged 10, whose left thigh and knee and right leg were extensively bruised and torn, by the wheel of a waggon passing over them. She was admitted on the 25th of September, and the skin and soft structures of the left thigh and knee were so extensively lacerated, that some doubt was entertained of the propriety of attempting to save the limb. Dressings of carbolic oil followed by linseed poultices were prescribed. Considerable sympathetic fever followed the passing away of the collapse, and the sloughing wounds were beginning to cast off the dead surface, when she was seized with symptoms of tetanus on the sixth day, and died in thirty-six hours. The eighth of a grain of the extract of Calabar Bean was given every hour, as soon as the tetanic symptoms set in, and the convulsive spasms were considered to have been somewhat relieved by it, but no specific symptoms of the action of the remedy appear to have been noticed. A *post mortem* examination of the wounds was made, but no peculiar injury to the nerves found.

I may here mention that Dr. Arnison was kind enough to treat the first two cases during my absence, and it is curious that he also had a case of tetanus amongst his Infirmary cases at the same time, thus making four cases in one month—a rather remarkable number to have occurred at one time in the hospital, considering the rarity of the disease.

The remedies employed did not appear to have had any marked influence over the disease—perhaps too small a dose of the Calabar Bean was given in the last case; at any rate I should feel inclined to give a much larger dose of the Bean, should I unfortunately be called upon to prescribe again for this fatal malady. The reports

of the efficacy of the Bean hitherto made public, prove it to have been hitherto very successful, although the preparations of it in use would appear to be variable in strength, and not very reliable as to efficiency.

NOTES OF A CASE OF TETANUS IN THE NEWCASTLE INFIRMARY.

By Dr. ARNISON.

J. C., æt. 15, employed at the Tyne Biscuit Works, admitted into the Infirmary under my care August 20th, 1868.

While engaged at his work connected with the rollers, by which the dough is rolled out for the purpose of being cut into biscuits, his right hand was caught by the rollers, which were stated to have been "set" about an inch apart, and, before he could be extricated, the arm was dragged in up to the shoulder.

On admission, the arm was found to be much bruised and swollen, the skin separated to a great extent from the subjacent muscles, and the elbow joint opened, a small fragment of the articular surface of the ulna being broken off.

He was put under the influence of chloroform, and the arm treated according to the plan advocated by Professor Lister, of Glasgow. A mixture of carbolic acid and oil was injected into the wound, and care taken that it should come in contact with every part of the injured surface subcutaneously; lint, soaked in the carbolic oil, was then applied over the wound, which was on the inner side of the elbow, and over all a layer of lint spread with carbolic paste. An angular splint was then applied. He passed a good night, and had no unfavourable symptoms until two days after the injury, when the swelling of the arm required the bandages to be cut, which gave relief to the pain previously complained of. Symptoms continued, on the whole, favourable. Pulse ranging between 80 and 104. Appetite fair. Not much thirst nor feverishness.

On the 24th, four days after the injury, there was so much discharge that the dressings had to be removed, and the arm treated on ordinary principles, using only the carbolic oil dressing instead of lotions. The progress of the case was favourable. There was rather profuse suppuration, but the appetite kept good; tongue clean, and pulse about 90; and there seemed to be no doubt that a useful arm would be saved, when, on September 1st, he complained of stiffness of the jaws, with soreness. There was contraction of

the superciliary muscles, and tetanic aspect. During the course of the day atropine was given in doses of $\frac{1}{60}$ of a grain. Belladonna in solution applied to the neck externally, and he was fed as much as he could bear with beef tea, milk, &c.

September 2nd.—No improvement, jaws clenched, and frequent attacks of opisthotonos. As the atropine had produced no effect, not even in dilating the pupils, the dose was increased to $\frac{1}{30}$ of a grain every hour. A turpentine enema was given, and a copious fœtid evacuation resulted.

In the evening, as no improvement had taken place, the atropine was stopped, and extract of Indian hemp substituted, but deglutition had now become almost impossible, the attempts often inducing violent tetanic spasms, so that very little could be administered. A bladder of ice was kept applied to the back of the neck, but without any beneficial effect, the patient, in fact, complaining of discomfort from it.

On the 3rd of September, about 60 hours after the first onset of tetanus, he died.

No *post mortem* was made.

Mr. Broadbent said he had treated three cases in his practice with subcutaneous injections of morphia, and, fortunately, with recovery in all. The patients were all boys.

Dr. Gibb referred to some successful cases formerly in the Infirmary, under Dr. Greenhow (who was present), in which recovery followed the use of opium with tartarised antimony.

Dr. Greenhow said, no more difficult cases occurred in surgical practice than cases of tetanus. He had formerly had some cases which had recovered under the treatment mentioned by Dr. Gibb, which had also been often found very efficacious in delirium tremens. At one period, during his time at the Infirmary, there was quite an epidemic of tetanus, and he thought it would be interesting to know the reason of so many cases occurring simultaneously.

Mr. Fielden said he had seen six cases in his practice. They had all been treated by hypodermic injection of morphia, some also by extract of Indian hemp, but all were fatal. In one case, he amputated the injured toe when the symptoms first set in, but without any effect on the disease. He had not been able to obtain a *post mortem* on any of his cases.

Mr. Russell suggested that any one who had a fatal case of tetanus should send the spinal cord to Dr. Lockhart Clarke, who is making researches into this disease; and by the examination of a great number of specimens some light might be thrown on the subject.

Dr. Gibb thought that it might, perhaps, have been better had he made a clean wound by the knife, in his case of laceration of the shoulder joint, so as to divide the nerve above the torn extremity, instead of leaving it as it was, lacerated by the machinery.

Mr. Luke Armstrong said, the only case of recovery he ever saw was under the use of opium and tartar emetic. The patient—an old man—took laudanum in very large quantities, with tartar emetic, which never, in his case, produced any sickness.

Dr. Embleton said, a number of cases of interest had been brought before the Society. Referring to Dr. Gibb's remarks, he believed many cases had occurred after amputation, where the wound was, of course, cleanly incised. He advocated, in all cases, very careful records of the symptoms, with the remedies used, the doses, and every minutiæ, with careful *post mortem* examinations, especially of the nerves leading from the seat of injury to the spinal cord. He agreed with the suggestion to send the spinal cord to Lockhart Clarke, as the best authority.

RULES

OF THE

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

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1. That the Society be called "The Northumberland and Durham Medical Society."

2. That its objects be—

The Reading of Papers, and Discussion on Medical and Surgical subjects.

The reporting of interesting Cases occurring in Medical or Surgical Practice.

Mutual intercommunication respecting the Prevalent Diseases of the District.

The exhibition of Microscopic and other specimens of Physiological or of Pathological character.

The reception of Reports of the various Medical Charitable Institutions of the two Counties.

The publication, in a cheap and rapid manner, of the Transactions of the Society.

3. For the accomplishment of these objects, the Members of this Society will meet in the Newcastle Infirmary, at half-past six P.M., on the second Thursday in each of the six months, from October to March inclusive; due notice of each meeting being sent to the Members by the Secretary.

4. Previously to the commencement of each Session, a general meeting of the Members shall be summoned, to receive the audited accounts of the preceding year, to elect officers for that ensuing, and to transact any other business connected with the government of the Society. And the officers, then elected, shall be charged with the management of the business of the Society, until the next general meeting.

5. A special general meeting of the members of the Society, shall, at any time, be summoned by the Secretary, on a requisition

to that effect being forwarded to him, bearing the signatures of one-fourth of the Members.

6. The Officers of the Society shall consist of a President, four Vice-Presidents, and one Honorary Secretary, who shall also discharge the duties of Treasurer, one paid Secretary, and a Committee of nine, who shall be annually chosen by ballot (except the paid Secretary) from among the Members of the Society; and no gentleman shall be eligible for the office of President or Vice-President for more than two years consecutively. Members residing without the limits of the boroughs of Newcastle and Gateshead, or confined to the house by illness, are permitted to vote without personal attendance, by enclosing their ballot-papers in a sealed envelope to the Chairman of the Meeting.

7. Any Member of a legally recognised medical college shall be admissible into this Society, on being recommended by three Members, and, at the next meeting of the Society, after the receipt of that recommendation, the votes of the Members present shall be taken by ballot, and two-thirds of the votes recorded as assenting shall suffice for the election of new Members; and that each Member shall receive from the Secretary an intimation of his election, together with a copy of the Rules of the Soeiety.

8. Persons not possessed of a legal qualification to practice Medicine, Homœopathic, Hydropathic, and Mesmeric practitioners, dealers in Patent Medicines, persons practising as Druggists, and persons guilty of dishonourable or unprofessional conduct, though in possession of diplomas, shall not be elected Members of this Society; or, if already Members, may be expelled by two-thirds of the votes recorded by ballot, as specified in Rule 7, at a special Meeting convened in accordance with Rule 5.

9. The Subscription of each Member of this Society shall be ten shillings annually, and the Subscription for each year shall be considered due at the Annual General Meeting, held at the commencement of each Session. New Members shall not receive the Transactions of the Society, until the entrance Subscription shall have been paid. Any Member being in arrears of his Subscription for one year, shall, after due notice from the Secretary, no longer receive the Transactions of the Society, until his Subscription shall have been paid. Any Member being in arrears of his Subscription for two years, shall, after due notice from the Secretary, be considered no longer a Member of the Society. After the accounts of each year shall have been audited, all existing liabilities discharged, and a sufficient reserve fund retained in the hands of the Treasurer, any surplus remaining shall be transferred to the Treasurer of the Infirmary Medical Library Fund, to be applied by the Medical

Committee of that institution in furtherance of the special objects of the Library Fund, as a slight acknowledgment of the great benefit conferred on the Members of the Society by the access to the Library, and other advantages so liberally conceded to them by the Medical Officers and Committee of the Infirmary.

10. No alterations in the Rules shall be made, except at a special Meeting, or at the Annual Meeting, due notice thereof to be given in the circular convening the Meeting.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 22.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 6th DAY OF JUNE, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES.	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	1	...	...	...	...	1	...	...	...	...	1	...	2	...	...	...	5		1	...	...	2	...	3		Scarlet Fever	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	...	...	...	...	1	...	..	...	...	...	...	2	5	2	2	13		2	...	...	...	1	3		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	4		...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	1	1	...	2		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	1	...	...	1		Relapsing	...	...
Febricula	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	2	...	2	4		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	3		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	4	...	1	2	2	3	...	1	2	...	2	...	1	4	...	1	24		3	...	1	...	4	8		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	2		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	2	...	1	1	...	..	2	3	3	...	4	...	...	5	...	1	22		...	...	3	...	2	5		Phthisis	1	...
Constitutional Syphilis	...	1	...	1	...	...	2	1	1	1	...	...	...	...	3	1	1	12		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	4	12	4	7	6	5	...	16	11	11	1	6	...	40*a*	12	8	15	158		4	...	19	...	6	29		All other Diseases	9*b*	...
Accidents	...	...	...	...	...	...	...	5	39	1	1	...	...	...	...	...	...	46		...	7	2	...	...	9		Accidents	...	...
Total	5	25	4	11	9	7	9	24	55	20	2	14	0	46	36	12	20	300		10	7	30	3	15	65		Total	11	0

a 1 An In-patient. *b* 1 aged 78, 1 aged 81, 1 Paralysis, 1 Dropsy, aged 66, 1 Convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 23.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 13th DAY OF JUNE, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	1	...	...	...	...	...	...	3	1	...	...	...	...	5		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	1	...	...	...	...	...	...	...	...	2	4	...	...	...	...	...	7		...	...	1	1	...	2		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	3		...	1	...	...	...	1		Hooping Cough	...	...
Croup	...	..	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	2	...	...	...	...	...	..	2	...	...	...	3	10	...	1	18		...	...	...	...	...	...		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	2	...	...	...	3		Continued Fever	...	...
Typhus	...	2	1*a*	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	1	1	...	2		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	1	2	1	1	...	...	...	...	...	...	...	...	...	...	...	5		...	...	...	...	1	1		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	2		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	2	...	2	4	...	1	...	3	3	...	...	...	2	...	...	20		2	...	...	...	2	4		Bronchitis and Catarrh	1	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	...	...	1	...	1	...	...	...	...	...	1	...	...	..	4		...	...	...	...	...	...		Pleurisy aud Pneumonia	1	...
Phthisis	...	1	...	...	...	...	2	2	1	...	...	2	...	...	3	...	1	12		2	...	1	...	1	4		Phthisis	2	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	2	...	...	...	...	...	3	...	2	7		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	2	14	4	8	7	2	...	7	16	4	7	5	...	30*b*	21	5	12	144		6	5	17	...	7	35		All other Diseases	5	...
Accidents	...	2	...	...	...	...	...	9	44	...	...	...	...	...	...	...	...	55		...	...	3	...	...	3		Accidents	1	...
Total	2	24	10	12	11	9	5	20	63	9	12	14	1	34	45	5	16	292		11	8	23	2	11	55		Total	10	0

a Removed to Newcastle Fever Hospital. *b* 4 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. TANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 24.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 20th DAY OF JUNE, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	5	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	6		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	3	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	5		1	...	2	1	...	4		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	2		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	...	1	...	...	3	...	..	2	2	...	...	2	6	...	...	17		...	...	1	...	...	1		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	3		...	...	...	...	...	...		Dysentery	1	...
Asiatic Cholera	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	1	5	...	...	...	...	...	1	...	...	2	...	...	...	...	9		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	2	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	2	1	...	1	...	...	...	...	...	1	2	...	1	4	...	...	12		3	2	1	...	...	6		Bronchitis and Catarrh	2	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	1		...	1	...	...	...	1		Pleurisy aud Pneumonia	...	...
Phthisis	...	2	...	3	...	1	1	4	1	2	...	2	...	1	2	...	...	19		...	...	2	...	1	3		Phthisis	2	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2		...	...	...	...	2	2		Constitutional Syphilis	...	...
All other Diseases	...	16	3	6	4	...	...	28	15	4	5	8	...	36*a*	16	6	13	160		5	3	12	...	6	26		All other Diseases	5*b*	...
Accidents	...	1	...	...	1	...	...	8	46	...	...	...	...	...	...	...	...	56		...	...	1	...	...	1		Accidents	2	...
Total	1	33	5	19	8	1	5	41	62	11	9	14	2	41	31	9	13	305		9	6	19	1	9	44		Total	14	0

*a*1 An In-patient. *b* 1 General Paralysis.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 27th DAY OF JUNE, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts. St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	Public Institutions. Infirmary. In-Patients. 8	Out-Patients. 9	Dispensary. Central. 10	Eastern. 11	Western. 12	Fever Hospital. 13	Children's Hospital. 14	Workhouse. 15	Vagrant Ward. 16	Gaol. 17	Total. For the Week.	Corresponding Week last Year.	GATESHEAD. Poor Law Districts. Western. 18	Eastern. 19	Public Institutions. Dispensary. 20	Fever Hospital. 21	Workhouse. 22	Total. For the Week.	Corresponding Week last Year.	DISEASES	DEATHS. Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	1	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	5		4	...	1	...	1	6		Scarlet Fever	3*d*	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Hooping Cough	1*e*	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	1	...	6	...	..	...	1	1	...	1	1	...	1	12		3	...	1	...	...	4		Diarrhœa	1*f*	...
Dysentery	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Dysentery	1	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Continued Fever	...	...
Typhus	...	...	1*a*	...	...	...	...	...	...	...	...	...	7*b*	...	...	1*c*	...	9		...	...	...	...	...	...		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	5		1	...	1	...	...	2		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	4	2	1	2	2	...	...	3	...	1	1	...	...	2	...	...	18		4	1	2	...	2	9		Bronchitis and Catarrh	1	...
Influenza	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	1	2	1	...	...	...	1	...	1	2	...	...	3	...	1	13		1	...	...	...	...	1		Phthisis	1	...
Constitutional Syphilis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	6		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	1	12	3	16	4	3	...	9	9	...	3	3	...	11	20	7	15	116		...	5	13	...	10	28		All other Diseases	5	...
Accidents	...	...	...	...	1	...	...	9	54	2	1	...	...	...	...	...	...	67		...	...	1	...	...	1		Accidents	1	...
TOTAL	2	22	10	24	9	5	9	18	67	3	7	8	7	12	31	8	17	259		13	7	19	0	13	52		TOTAL	15	1

a Removed to Newcastle Fever Hospital. *b* 6 Of one family. *c* Removed to Newcastle Fever Hospital. *d* Dropsy. *e* Bronchitis. *f* Convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
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14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.

17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 26.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 4th DAY OF JULY, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.										NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	..	...	1	...	2	...	1	...	...	...	4		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	1	...	1	...	...	3	...	...	...	1	...	...	...	...	...	...	6		1	...	...	...	...	1		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	..	...	1	...	...	...	...	...	..	...	1		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2*b*	...	...	2		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	2	6	1	...	1	2	4	...	..	1	...	1	...	8	15	...	2	43		3	1	1	...	3	8		Diarrhœa	1*c*	...
Dysentery	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	3		...	1	...	...	...	1		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	3		...	...	...	...	...	...		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2		1	1	1	...	2	5		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	5	2	2	1	4	2	1	...	1	1	1	...	...	1	1	...	22		2	...	2	...	...	4		Bronchitis and Catarrh	1*d*	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	..	1		1	...	...	...	1	2		Pleurisy aud Pneumonia	1	1
Phthisis	...	1	1	...	...	...	...	1	1	...	...	2	...	...	3	...	...	9		2	...	2	...	2	6		Phthisis	1	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	2	1	...	1	...	1	2	2	1	10		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	5	18	6	9	8	2	...	23	13	4	2	9	...	37*a*	15	12	12	175		4	6	30	...	10	50		All other Diseases	7*e*	...
Accidents	...	...	1	...	...	...	...	8	26	...	...	...	...	...	...	...	...	35		1	...	2	...	...	3		Accidents	...	...
TOTAL	7	33	11	14	10	10	10	33	42	9	5	17	3	48	40	15	15	322		15	9	38	0	18	80		TOTAL	12	1

a 4 In-patients. *b* Admitted with the Disease. *c* An Infant, had been neglected. *d* Aged 85. *e* 1 Debility, aged 88; 1 Dry Gangrene aged 72; 1 Marasmus.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 27.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 11th DAY OF JULY, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	...	1	...	2*c*	...	1	...	...	...	1	...	...	...	...	...	...	5		...	...	...	...	...	...		Scarlet Fever	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	...	...	1		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	4	4*a*	2	...	2	6	...	...	1	...	...	...	16	10	...	...	45		4	3	2	...	7	16		Diarrhœa	...	2
Dysentery	...	1	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	5		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	2*b*	...	...	...	...	...	...	...	...	...	2	...	...	...	...	4		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	4	...	...	5		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	...	2	2	1	2	1	2	2	3	2	...	1	...	...	...	21		3	...	2	...	5	10		Bronchitis and Catarrh	1	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	..	1		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	...	...	...	...	2	1	1	...	2	...	1	1	...	...	8		2	...	1	...	1	4		Phthisis	1	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Constitutional Syphilis	1*e*	...
All other Diseases	5	14	3	14	6	7	...	23	18	8	6	7	...	32*d*	18	6	9	176		6	7	32	...	17	62		All other Diseases	12*f*	...
Accidents	...	2	...	...	...	...	...	6	43	1	...	...	...	...	...	...	...	52		...	...	2	...	...	2		Accidents	...	...
Total	5	27	13	20	10	11	9	33	65	17	11	11	2	50	34	6	9	333		16	11	43	0	30	100		Total	16	2

a 3 Infants. *b* 1 Removed to Newcastle Fever Hospital. *c* In one family. *d* 1 An In-patient. *e* Disease of Liver. *f* 1 Disease of Hip Joint, 1 General Paralysis, 2 Paralysis, 1 Dropsy, 1 Stricture of Urethra and Disease of Bladder, Natural Decay, aged 82.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN
5 Mr. J. A. ANGUS.
6 Mr. W. A. TANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

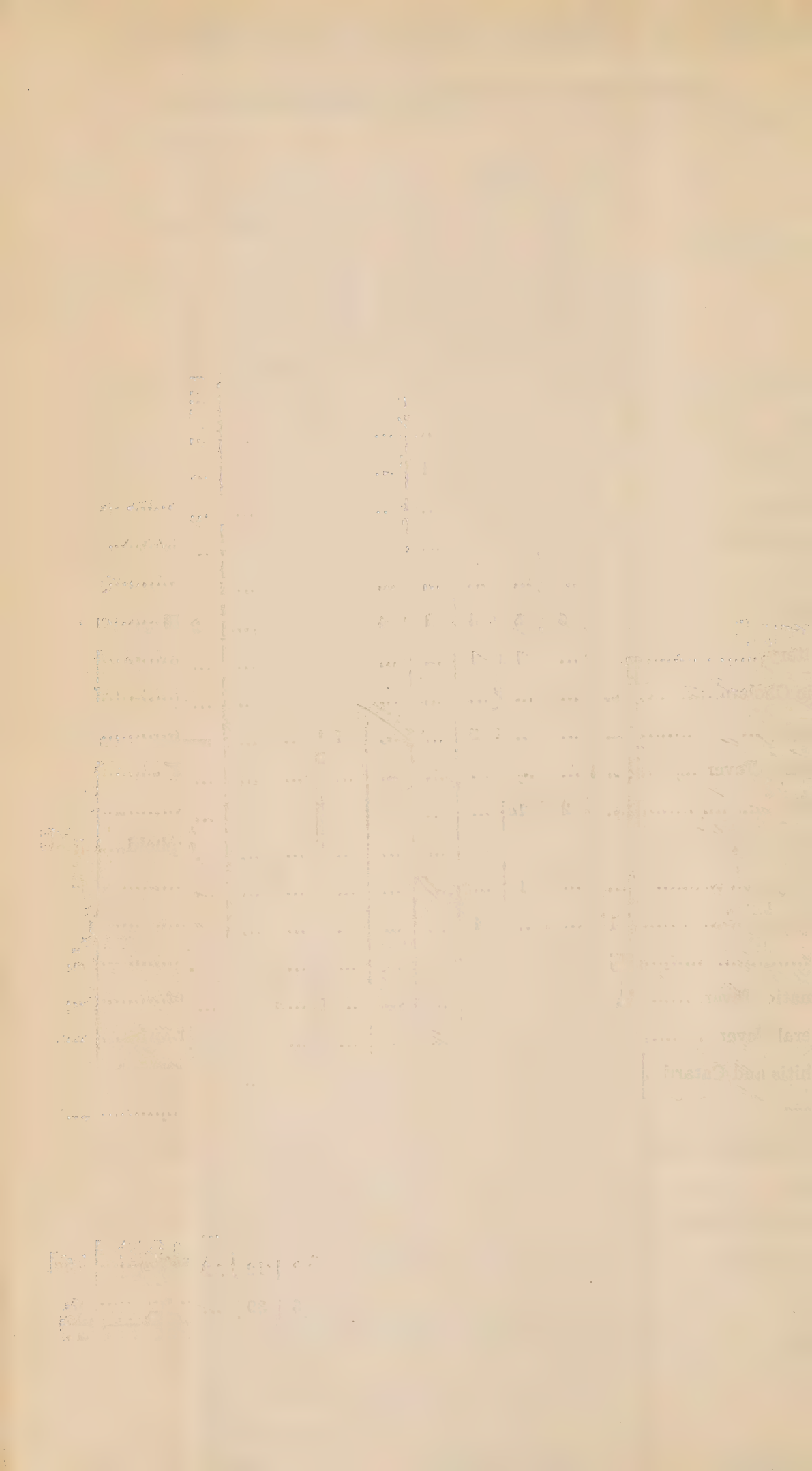
NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 18th DAY OF JULY, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.										NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary. In-Patients.	Infirmary. Out-Patients.	Dispensary. Central.	Dispensary. Eastern.	Dispensary. Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	2	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	6		3	...	...	...	...	3		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	2		...	1	...	...	...	1		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	5	5	4	1	4	4	...	..	2	...	...	...	12	7	...	...	45		8	...	2	...	4	14		Diarrhœa	1	...
Dysentery	...	...	1	1	...	...	1	...	...	...	...	...	...	...	1	...	1	5		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	2	1*a*	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Relapsing	...	...
Febricula	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	1	...	6		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	2	...	...	...	...	...	...	...	...	...	1	...	1	...	4		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	3	6	...	4	1	3	1	...	...	3	...	2	...	1	1	...	...	25		1	1	5	...	2	9		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	..	1			...	...	...	...	...	...		Pleurisy aud Pneumonia	1	...
Phthisis	...	1	...	...	...	...	...	6	1	...	1	1	...	...	1	3	1	15		2	1	1	...	...	4		Phthisis	2	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Constitutional Syphilis	1	...
All other Diseases	1	16	4	15	8	2	...	22	12	2	3	9	...	29*b*	15	9	12	159		16	6	34	...	17	73		All other Diseases	6*c*	...
Accidents	...	1	...	...	...	...	...	6	39	...	...	...	...	...	...	...	...	46		...	...	1	...	...	1		Accidents	...	...
TOTAL	6	34	12	34	11	9	8	35	54	7	4	15	1	44	25	14	14	327		30	9	43	0	23	105		TOTAL	11	0

a Removed to Newcastle Fever Hospital. *b* 1 An In-patient. *c* 1 Heart Disease, aged 22; 1 Paralysis, aged 66; 1 Marasmus; 1 Tabes; 1 Apoplexy.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 25th DAY OF JULY, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		4	...	...	...	...	4		Scarlet Fever	1	...
Diphtheria	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Diphtheria	1*c*	...
Hooping Cough	...	2	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	4		...	1	...	...	...	1		Hooping Cough	...	...
Croup	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	4	5*a*	4	1	3	4	...	..	...	...	2	...	15	12	1	2	53		15	2	3	...	9	29		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	1	...
Continued Fever	..	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	4		1	...	...	...	...	1		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	...	...	...	...	2	1	...	1	1	...	...	...	1	...	...	9		...	...	2	...	...	2		Bronchitis and Catarrh	...	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	1	...	...	1	...	2	...	...	...	2	...	...	...	...	..	7		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	2	...	...	...	2	1	4	...	2	...	2	2	...	...	15		...	...	1	...	2	3		Phthisis	4	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	4	12	5	2	6	2	...	20	14	7	2	6	...	33*b*	14	10	14	151		8	8	34	...	15	65		All other Diseases	6*d*	...
Accidents	...	1	...	1	...	...	...	7	33	...	...	...	...	...	...	...	...	42		...	...	...	...	...	...		Accidents	...	...
Total	4	29	13	12	9	8	6	32	48	14	3	12	2	52	30	11	16	301		28	11	40	0	26	105		Total	14	0

a All Infants. *b* 4 In-patients. *c* A well-marked case, aged 12. *d* 1 Tabes; 1 Cancer of Uterus.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 30.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 1st DAY OF AUGUST, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	3		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	1	1	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	6		4	2	5	...	...	11		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	1	...
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	4		1	1	...	...	...	2		Hooping Cough	...	...
Croup	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	2	5	2	5	3	9	...	..	2	3	2	...	9	3	2	...	48		6	6	7	...	3	22		Diarrhœa	1	1
Dysentery	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2		...	2	...	...	...	2		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	5		...	1	...	...	...	1		Erysipelas	1	...
Continued Fever	..	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	3	...	...	...	3		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2		...	...	1	...	...	1		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Relapsing	...	...
Febricula	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	5		...	...	3	...	...	3		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	3		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	4	...	2	1	3	...	...	...	3	1	2	...	...	5	1	...	23		2	...	6	...	2	10		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	1		...	...	...	...	...	...		Pleurisy aud Pneumonia	1*a*	...
Phthisis	...	2	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	5		2	1	3	...	2	8		Phthisis	4	...
Constitutional Syphilis	...	1	...	...	...	...	...	1	1	...	...	...	...	1	...	...	2	6		...	1	...	...	...	1		Constitutional Syphilis	1*b*	...
All other Diseases	6	14	4	11	4	5	...	9	11	2	2	9	...	36	20	5	10	148		17	4	21	...	8	50		All other Diseases	3*c*	...
Accidents	...	2	1	1	...	...	...	6	34	...	...	...	...	...	...	...	...	44		...	1	8	...	...	9		Accidents	...	...
Total	10	37	10	18	13	12	10	16	46	8	6	18	2	48	36	10	14	314		32	22	54	0	15	123		Total	12	1

a A Child, aged 4, double Pneumonia. *b* An Infant, aged 6 months. *c* 1 Jaundice, Premature Confinement

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. TANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
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19 Dr. G. DOUGLASS.
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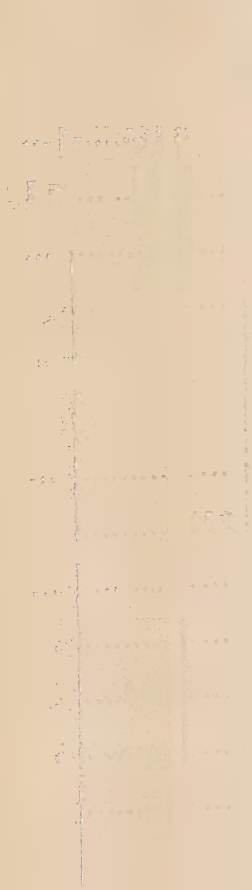
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 31

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 8th DAY OF AUGUST, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	1	...	...	...	...	...	...	4	...	...	...	...	...	5		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2		2	...	...	...	...	2		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	6		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	2	3	1	4	2	2	3	...	..	4	1	3	...	18	4	...	1	48		8	8	3	...	5	24		Diarrhœa	2	3
Dysentery	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1		...	3	...	...	...	3		Dysentery	1*a*	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	..		Erysipelas	...	...
Continued Fever	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1		...	4	...	...	...	4		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	...	1	...	...	1		Typhus	...	...
Enteric or Typhoid	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	2	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	7		1	...	3	...	...	4		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1		...	1	...	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	4	1	...	...	2	...	...	...	1	1	1	...	...	3	...	1	15		...	1	2	...	...	3		Bronchitis and Catarrh	...	...
Influenza	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	..	3		...	2	...	...	...	2		Pleurisy aud Pneumonia	...	...
Phthisis	...	2	...	...	...	...	...	2	...	1	1	...	...	1	...	...	1	8		...	2	3	...	...	5		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	2	...	...	...	...	...	1	...	...	4		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	3	20	6	10	2	6	...	13	14	2	3	12	...	14	17	4	7	133		12	6	26	...	17	61		All other Diseases	4	2
Accidents	...	...	2	...	...	...	2	9	49	...	...	...	...	...	...	...	...	62		1	...	14	...	...	15		Accidents	...	...
Total	6	37	10	20	5	12	6	25	65	9	7	24	1	34	25	7	10	303		24	28	52	0	22	126		Total	10	5

a Aged 69.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 32.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 15th DAY OF AUGUST, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	4		...	1	1	...	...	2		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	5		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Croup	...	...
Diarrhœa	4	5	5	4	...	2	2	...	...	3	2	5	...	25*a*	...	...	...	57		4	4	5	...	7	20		Diarrhœa	1	2
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	2	...	...	...	2		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	1	2	...	...	1	...	...	...	...	...	...	...	...	1	...	5		...	1	...	...	...	1		Erysipelas	1	...
Continued Fever	..	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	2	...	...	...	...	...	...	...	...	...	7	...	...	...	...	9		...	2	...	...	...	2		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	3	...	...	...	3		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	..		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	6	...	1	...	...	4	...	...	1	3	1	...	1	5	2	2	26		...	...	...	...	...	...		Bronchitis and Catarrh	...	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	..		4		1	...	...	...	...	1		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	1	...	...	...	...	1	...	...	...	...	...	...	1	1	...	4		...	1	6	...	...	7		Phthisis	2*c*	...
Constitutional Syphilis	...	...	...	...	...	...	...	2	1	3	...	1	...	1	1	3	...	12		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	4	18	...	7	5	6	...	29	12	3	2	7	...	14*b*	15	6	10	138		12	6	24	...	20	62		All other Diseases	4*d*	...
Accidents	...	1	1	...	1	...	...	3	49	...	...	...	...	...	...	...	...	55		...	1	3	...	...	4		Accidents	...	...
Total	8	41	10	17	6	9	7	36	62	11	8	15	7	42	25	13	12	329		17	22	39	0	27	105		Total	8	2

a 2 In-patients. *b* 1 An In-patient. *c* Swallowed Croton Oil Linament by mistake. *d* 1 Tabes Mesenterica; 1 Heart Disease; and 1 Paralysis, aged 74.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

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19 Dr. G. DOUGLASS.
0 Mr. F. W. NEWCOMBE.

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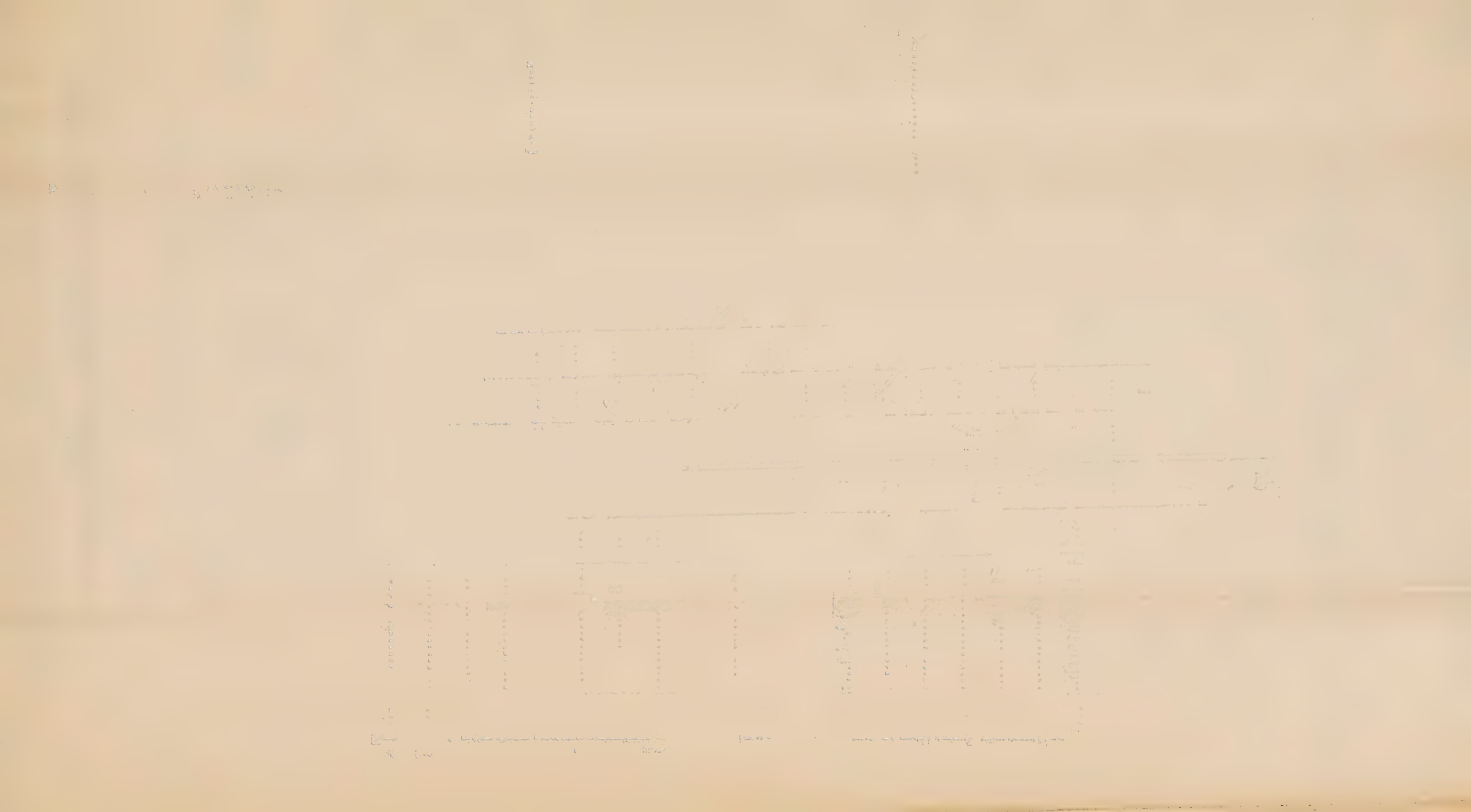
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead. [No. 33

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 22nd DAY OF AUGUST, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1		...	1	...	...	...	1		Measles	...	...
Scarlet Fever	...	3	2	1	...	1	...	...	...	...	1	...	...	...	...	...	...	8		...	...	...	...	...	...		Scarlet Fever	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	2	...	...	...	2		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	2	4	7	1	5	3	...	..	...	1	1	...	19	...	...	...	44		2	6	4	...	4	16		Diarrhœa	...	1
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1		...	2	...	...	...	2		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2		...	1	...	...	...	1		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2		...	4	...	...	...	4		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	..		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	4	...	1	...	...	4	...	...	1	...	4	1	1	2	...	...	18		...	1	4	...	...	5		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	..	1		...	1	...	...	...	1		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	...	1	...	1	...	1	1	2	1	...	...	...	1	...	...	9		...	...	3	...	...	3		Phthisis	4	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	1	1	...	...	...	3	...	...	...	5		...	1	...	...	...	1		Constitutional Syphilis	...	...
All other Diseases	6	10	7	1	2	4	...	18	13	9	3	4	...	21*a*	24	3	12	137		12	4	31	...	9	56		All other Diseases	5*b*	...
Accidents	...	...	1	...	...	...	...	7	43	1	...	...	...	...	...	...	...	52		...	...	8	...	...	8		Accidents	...	...
TOTAL	7	25	16	12	3	13	8	26	58	14	7	9	3	44	28	3	12	288		14	24	50	0	13	101		TOTAL	11	1

a 3 In-patients. *b* 1 Bright's Disease; 2 Heart Disease.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

...r. T. C. NESHAM.
...r. H. W. NEWTON.
...r. G. C. GILCHRIST.
... JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
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0 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 29th DAY OF AUGUST, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	6		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5		...	3	1	...	...	4		Scarlet Fever	...	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2		...	1	...	...	...	1		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1*b*	2		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	4	...	10	1	4	3	...	..	1	...	4	...	25	2	...	...	55		...	4	8	...	5	17		Diarrhœa	2	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	2	...	...	...	2		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2		...	1	...	...	1	2		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Continued Fever	...	...
Typhus	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	4		...	...	...	1	...	1		Typhus	...	...
Enteric or Typhoid	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	1	...	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	1	...	2	...	...	...	...	...	7		...	2	1	...	...	3		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3		...	1	...	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	6	...	...	1	...	2	1	1	1	1	...	...	1	6	...	...	21		...	2	...	...	2	4		Bronchitis and Catarrh	1	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	1	...	...	...	1		Influenza	...	...
Pleurisy and Pneumonia	...	2	...	1	...	...	1	...	...	...	1	...	...	...	...	...	..	5		...	...	...	...	...	...		Pleurisy aud Pneumonia	2	...
Phthisis	...	1	...	...	...	...	...	1	1	1	1	1	...	...	...	...	...	6		...	1	1	...	1	3		Phthisis	2	...
Constitutional Syphilis	...	1	...	1	...	...	...	...	2	...	...	...	...	2	...	...	...	6		...	...	...	...	...	..		Constitutional Syphilis	1*c*	...
All other Diseases	2	15	3	6	2	3	...	18	14	4	3	6	...	43*a*	15	5	7	146		15	5	22	...	15	57		All other Diseases	7*d*	4*e*
Accidents	...	...	1	1	...	...	...	5	26	...	...	...	...	...	...	1	...	34		...	2	6	...	...	8		Accidents	1*f*	...
Total	5	40	8	23	4	7	7	25	44	11	9	14	2	73	23	6	8	309		15	27	39	1	24	106		Total	16	5

a 3 In-patients. *b* Prisoner's Child. *c* An Infant, aged 5 months. *d* 1 Cancer; 1 Marasmus. *e* 1 Lead Impregnation. *f* Compound Fracture of Leg.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
0 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE Second Monthly Meeting for the Session 1868-9 was held on Thursday, November 12th, 1868; Dr. GIBSON, President, in the chair.

Mr. J. T. Tatham, of Ponteland, was elected a member of the Society.

The following gentlemen were proposed for election as members:
Mr. R. Clarke Newton, Barras Bridge.
Mr. Charles H. Hines.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FIFTH REPORT FOR 1868.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the months of September and October, from August 30th to October 31st, 1868, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns:—

DISEASES.

The extent to which they prevailed in Union, Charitable, and public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
September 5 ...	314	112	73	18	5	1
September 12 ...	309	88	78	14	20	1
September 19 ...	310	88	64	22	7	3
September 26 ...	277	85	58	10	4	1
October 3	273	75	60	12	1	0
October 10	281	103	62	23	5	3
October 17	278	93	70	14	5	3
October 24	316	103	70	22	5	5
October 31	318	117	65	6	3	2

The total of the new cases of disease and injury, in Newcastle, during the time under consideration, has undergone little change, the number for the first week of September being 314, and that for the last week of October, 318. The weekly numbers, however, have fluctuated between 273 and 318, the former being the number for the first week in October, and the latter that for the last week of the same month. The average of the first four weeks is 302, and that of the last four, 300. In Gateshead, little change has occurred in the weekly numbers. The numbers have fluctuated between 75 and 117. The average of the first four weeks is 93, and that of the last four, 104.

The seizures for the zymotic division of diseases, in both towns, have not been on the increase. In Newcastle, the weekly numbers have varied between 58 and 78, and in Gateshead, between 6 and 23. In Newcastle, the average of the first four weeks is 68, and that of the last four, 67 ; and in Gateshead, the averages of the first four and of the last four, are equal, being 16.

Small pox, in Newcastle, has been unrecorded. In Gateshead, one case, in the last week of September.

Measles and hooping cough, in both towns, have been nearly absent. Measles, in Newcastle, has never been reportd over 4 in a single week ; and in Gateshead, not a single case during the two months.

Hooping cough, in Newcastle, has never been reported over 6 in a single week; and in Gateshead only one case, during the two months.

Scarlet fever, in both towns, has been very prevalent, and of fatal type. In Newcastle, during the two months, 180 cases have been returned, with 20 deaths, or 11·2 per cent. fatal; and in Gateshead, 43 cases, 5 deaths, or 11·7 per cent. fatal. In Newcastle, in the first four weeks, 61 cases were returned, and in the last four, 103; and in Gateshead, in the first four, 16, and in the last four, 22.

Diphtheria, in both towns, has been unrecorded.

Croup has been reported to the following extent:—In Newcastle, 3 cases, and in Gateshead, 1; recovery in all.

Diarrhœa has greatly diminished in prevalence. In Newcastle, during the two months, 158 cases were recorded, with 3 deaths; and in Gateshead, 28 cases, no deaths. In the months of July and August, in Newcastle, 438 cases were returned, and in Gateshead, 166.

Dysentery has been thus noted:—In Newcastle, 2 cases, and in Gateshead, 1.

Asiatic cholera, in both towns, has been unrecorded.

Erysipelas has been reported to the following extent:—In Newcastle, 24 cases, and in Gateshead, 6; no deaths.

Typhus fever, in both towns, has been little in force. The weekly numbers, in Newcastle, have only once been over 7; and in Gateshead, never over 5. The total admissions into the Newcastle Fever Hospital, in September, amounted to 19, of which 16 were typhus; and in August, to 11, 5 typhus. In September, 1866, the admissions from typhus amounted to 41; and in October, to 38. The total of the two months of 1868 being 30, against 79, the total of the corresponding period of 1867.

Three cases of ague, in Newcastle, have been returned.

Rheumatic fever has been common. In Newcastle, 28 cases have been recorded, and in Gateshead, 9; recovery in all. It has been remarked that the cases readily yielded to the "good old treatment" of alkalis and colchicum.

Three cases of puerperal fever, one in September, and the other two in October, in Newcastle, have been returned.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 16 and 35; and in Gateshead, between 1 and 13.

Under phthisis, during the two months, in Newcastle, 93 cases were returned, against 79 during July and August, taken together; and in Gateshead, 50 cases, against 43 during July and August.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860; the number in public and private practice; and the annual rate of mortality in Newcastle; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
September 5	73	5 over.	23	50	30	2
September 12	64	4 under.	16	48	26	0
September 19	67	1 under.	8	59	27	2
September 26	60	8 under.	18	42	25	0
October 3 ...	66	2 under.	12	54	27	0
October 10 ...	49	19 under.	8	41	20	1
October 17 ...	59	9 under.	13	46	24	0
October 24 ...	62	6 under.	13	49	25	2
October 31 ...	64	4 under.	18	46	26	0

The total of the deaths registered in Newcastle have fluctuated between 73 and 49, the former being the number for the first week of September, and the latter that for the second week of October. In the two last weeks of October, the numbers were 62 and 64. The average of the nine weeks is 63, against 68, the average for the months of July and August, taken together.

The registered number, with one exception, namely, the first week of September, has always been under the corrected average weekly number in the ten years 1851 to 1860. The number has varied from 5 over to 19 under; the former being the number for the first week of September, and the latter that for the second week of October. In the two last weeks of October, the numbers were 6 and 4 under the corrected average.

The annual rate of mortality has varied from 30 to 20; the former being the number for the first week of September, and the latter that for the second week of October. The average rate for the nine weeks is 25, against 29, the average for the months of July and August, taken together.

The annual rate of mortality, during the thirteen weeks ending September 26th, 1868, was 27·44, to 1000 persons living. In the corresponding period of 1867, it was 29·55, and in that of 1866, 31·58.

From the zymotic division of diseases, during the nine weeks, 32 deaths occurred in Newcastle, of which 20 were occasioned by scarlet fever, and 4 by typhus fever; and in Gateshead, 5, all by scarlet fever. In the months of July and August, taken together, 20 deaths from zymotic diseases occurred in Newcastle, and 10 in Gateshead.

From phthisis, during the nine weeks, 15 deaths took place in Newcastle, against 23 in July and August; and in Gateshead, not one. In June, July, and August, also, no death from phthisis was recorded in the public practice of Gateshead.

The Registrar General, in his report on the state of the Public Health, for the third quarter of the present year, has declared, that "of the deaths, in England, during the quarter, the annual rate of mortality was 2·389 per cent., in excess of the summer average, by ·365 per cent."

"Fortunately the previous half year had been so favourable to life, that the average mortality of the year to the end of September, with this excess, was below the average of the three seasons, but the gains of winter and spring were sacrificed by the fatality of summer."

"Town and country always suffer in very different proportions, for the annual summer average of the country parishes is 17 to 1000 persons living, of the chief town districts, 22. In the last summer, these proportions rose to 20 and 26 respectively."

"The mortality of the great towns was excessively high; in Manchester, 38, Newcastle, 27, and Bristol, 22. Thus, if the country rate put at 20, allowing 3 for the excess due to the intense heat, be taken as the standard, and applied to the great towns, the human sacrifices of life were at the extraordinary annual rates of 2 in Bristol, 7 in Newcastle, and 18 in Manchester."

"It may be some years," as stated by the Registrar General, "before these towns can be recovered from the fatal condition in which their populations are plunged; but no time should be lost; the works that have been commenced by the authorities should everywhere be accelerated, and then in a few years the good effects of improvements would be visible."

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
September 5	58·3°	58·1°	0·00
September 12	62·5°	65·3°	0·43
September 19	49·1°	64·0°	0·41
September 26	51·9°	57·1°	2·21
October 3	48·1°	58·4°	0·67
October 10	48·1°	51·8°	1·08
October 17	45·7°	49·7°	0·35
October 24	39·8°	42·6°	0·41
October 31	42·8°	46·8°	0·33

The temperature, in Newcastle, excepting the first two weeks of September, when it continued up to 60°, and over, has gradually declined, and in the week ending October 24th, the mean was as low as 39·8°.

The total rainfall in September amounted to 3·28 inches; and in October to 2·51 inches. The total of the two months being 5·79 inches, against 2·86 inches, the total for the months of July and August.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Dr. GIBB exhibited a mulberry calculus about the size of a large grape, of a hard and rough irregular form, which he had removed from the bladder of a boy, aged six years. The case was curious, from the short period the boy had shown any symptoms of its presence, and from the difficulty there was experienced in detecting it.

The boy commenced to have symptoms of bladder irritation only seven weeks before the operation, and the urine became so quickly ammoniacal and bloody, with such an abundance of mucus, that the stone, when extracted, was covered over with a thick glue-like layer of mucus and calcareous matter, explaining the difficulty there had been in detecting it. He had been sounded thrice before it was perceived, and, contrary to what is expeeted from a mulberry calculus, the steel staff could scarcely elicit the customary sound or stone-like feeling from it.

Dr. Gibb also exhibited two pieces of necrosed bone, removed from two Infirmary patients, in which regeneration of bone had again taken place. One piece was the outer third of the clavicle from a female, and the other, the ramus and articular surface of the lower jaw bone in a boy. The periosteum, in both cases, had been preserved.

Dr. Philipson exhibited a specimen of recurrent tumour, which he had received from Mr. Lightfoot, and which that gentleman had removed from the deltrid region of a man, aged 40. The tumour was about the size of a large walnut, on section was firm and juicy, and under the microscope, presented the appearance of epithelial cancer. Many of the cells were undergoing fatty transformation. From the same individual, a specimen of encephaloid cancer, from a post-pharyngeal growth, was shown.

Dr. Philipson likewise exhibited a microscopical specimen of encephaloid cancer, from an intrauterine growth, from a lady, aged 64, also furnished by Mr. Lightfoot. The growth was pyriform in shape, very soft, and highly vascular, and had been discharged from the uterus, without operative proceedings. The os and cervix uteri were unchanged. Under the microscope, the growth was entirely cellular, without any stromous element. There were large cells, spherical, nucleated ; also numberless small cells, in size equal to the nuclei of the large cells, and here and there typical cancer cells.

Dr. Philipson was of opinion that the specimen supported the views of Lebert and Beale, as to the growth of cancer—viz., that the existence of any true cancer cell is doubtful, it being more probable that the cells, primordially identical with natural cells, are subject to an inordinate mode of nutrition, by which, in form and size, they cease to be conformable to the natural cell elements. In this manner the cell membrane sends out processes, rendering the cell unipolate, bipolate, stellate, or symmetrical.

Two fibrinous clots were sent by Dr. George Berwick, of Sunderland, with the following history :—

George Keith, a seaman, aged 35 years, had, for six years past, been incapacitated from following his occupation from suffering at

uncertain intervals from severe attacks of pain in the cardiac region, which was aggravated by physical exertion. He had a fresh, healthy complexion, was well conditioned in body, and for several days before his death was in better health than usual. There were no valvular murmurs, but the heart's action was voluminous, and at times irregular. He was treated for angina pectoris. On Sunday night, the 1st of November, 1868, he awoke from sleep in great pain, with much difficulty of breathing. He resorted to the remedies which formerly gave him relief, but without avail. Shortly, he said "I am losing my sight," and immediately afterwards he died.

On the 2nd of November, my brother, in the presence of Dr. Foote and myself, made a *post mortem* examination of the thorax and abdomen. The stomach, liver, and intestines were healthy; the lungs were free from tubercles, but much congested; there was considerable effusion into the pericardium; the heart itself was larger than natural, pale, flabby, and fatty. On the coronary vessels there were patches of white atheronatous looking deposit. On opening the heart, we found in the left ventricle an unattached mass of fibrinous looking substance (the largest of the two specimens, marked November 2, 1868), one limit of which had entered the aorta, the body of the substance choking up the aortic opening. It was removed from its position with the forceps without any difficulty. On opening the right ventricle, we found another unattached mass, similar in every respect to the other, but smaller—(see the smallest of the specimens, marked November 2, 1868)—lying in the cavity of the ventricle, free from any attachment to any part of the ventricle whatsoever. That the cause of death originated from the plugging up of the aorta, cutting off the arterial circulation, I think there can be no doubt whatsoever; but the question I should like to invite the Society to discuss is, whether these foreign unattached substances found in the cavities of the heart were of recent or progressive formation? Whether they existed in the heart some time (how long is the question) previous to the man's death? Whether they could exist in the heart, and it perform its function, or did they form rapidly, and shortly before the man died?

Mr. Denham exhibited urinary calculi, removed from the female bladder through the urethra, which had been dilated by sponge tents gradually increased in size, until the canal was large enough to allow the stones to be extracted. Recovery perfect.

Dr. Philipson exhibited for Dr. Charlton, a specimen of extensive hypertrophy and dilatation of the heart. The disease was most extensive in the left cavities, the mitral and aortic valves being in addition rigid and much thickened.

CASE OF ANEURISM OF THE THORACIC AORTA.

(BEING AN ACCOUNT OF THE CASE OF THE LATE THOMAS HUTCHINSON PYLE, M.R.C.S., L.S.A., EARSDON.)

By G. H. PHILIPSON, M.A., M.D., Cantab., M.R.C.P. Lond.,
Physician to the Newcastle Infirmary, &c.

In consonance with that propriety of feeling, that zeal for and encouragement given to original research, so often and so unmistakably evinced by our late much esteemed and lamented fellow-member and friend, and in compliance with his own expressed wish, the following particulars, respecting his case, have been penned. His frank and ingenuous manner, his honesty and purity of purpose, his genuine kindness of disposition, and above all, his willingness and joy in aiding a professional associate, will long be remembered. Though dead, the memory of our friend and brother will long be cherished.

In January, 1867, during a cold, sleety night, the late Mr. Pyle was hastily summoned, by his assistant, to a case of difficult midwifery. In his anxiety to reach the house with the least possible delay, he took the more direct route across the fields, and unfortunately got into a snow drift. For some hours afterwards he was prevented obtaining dry clothes, and subsequently suffered severely from rheumatism, principally of the large joints and of the chest.

In August, 1867, Dr. Peacock, of London, was consulted, who stated that aortic valvular disease existed, and advised relinquishment of professional duties.

In November, 1867, the conjoint opinion of the late Dr. White and Dr. Charlton was sought, both of whom diagnosed the existence of aneurism of the arch of the aorta.

On the 25th of January, 1868, I was kindly afforded an opportunity of examining Mr. Pyle. At that time, there was a visible pulsation in the right mammary region, most evident at the third interspace. There was dulness, from the middle of the sternum, three and a half inches to the right. Over this space, a double blowing murmur was heard. There was no general or local bulging of the sternum. The heart's impulse was a little within and below the left nipple. The heart's sounds at the left apex were free from murmur, at the base very rough and grating, especially the first. There was no pain in the chest or back. The lower extremities, at times, were cold and numb. Aneurism of the transverse and descending portion of the arch of the aorta was diagnosed.

On the 20th of October, 1868, Mr. Pyle caught cold, bronchial irritation, dysphagia, and vomiting supervened. In the afternoon of the 24th, syncopal attacks occurred, followed by great depression,

which gradually increased; and on the morning of the 25th death took place, at the age of 63.

Autopsy, 56 hours after death.

The chest was remarkably well proportioned and unaltered in contour, the sternum, costal cartilages, and ribs being neither displaced nor absorbed. The heart was in its normal situation and adherent to the pericardium for the whole length of the anterior surface of the right ventricle. The left pleural cavity was filled with black coagulated blood, the left lung being collapsed and compressed against the vertebral column. The aorta, commencing immediately above the semilunar valves and for the whole extent of the arch, was widely dilated, and in shape fusiform; while from the left side of the thoracic portion, there was an aneurismal sac, in size equal to two large oranges, and which had ruptured near its lower portion, the laceration being about half an inch in length, and partially obstructed by a fibrinous coagulum. The parietes surrounding the rent were thin and soft. There was no erosion of the vertebræ, but partial softening of the intervertebral substances adjacent to the aneurism. The sac was about half filled with firm fibrinous coagula, arranged in concentric layers. The aortic semilunar valves were thickened, so also the mitral. The internal surface of the aorta, throughout, was everywhere studded with atheromatous patches, but nowhere calcareous. The muscular tissue of the heart was soft and fatty. The liver was fatty. The lungs and kidneys were healthy.

The following are the points of special interest in this melancholy and instructive case:—

The clearness of the history and the distinctness of the symptoms and signs.

The magnitude of the arterial disease, and the presence of two different forms of aneurism, continuous with one another, the one situated at the arch being of the peripheric or dilating variety, and that of the descending aorta, the lateral or sacculating.

The solution of continuity in the walls, by softening and laceration, as is usual when aneurisms rupture into serous cavities.

The evidence of the former occurrence of adhesive pericarditis, in all probability, at the time of the rheumatism, in January, 1867.

The exemplification of the fatty diathesis, by the extensive atheroma and coincident fatty condition of the heart and liver.

The PRESIDENT was well assured that Mr. Pyle himself would have been glad of any remarks on the case just read, which possessed some points of interest.

Dr. CHARLTON said Mr. Pyle expressed his wish for a *post mortem*, and that the account of it should be transmitted to the Medical Society. Mr. Pyle's case was one of three of exactly

similar nature seen by himself and Dr. White in one day. Mr. Pyle, on the night from which he dated his illness, fell into a ditch full of snow, and struggled violently to extricate himself. He afterwards sat in the patient's house in his wet clothes, and was afterwards seized with acute rheumatism, He had formerly been subject to rheumatism, but since becoming a teetotaller he had been very healthy. He had attended a meeting not many days before his death, and in walking home was seized with pain, dyspnœa and other symptoms pointing to rupture, after which he never left his bed.

Dr. BURNUP rose to say that he thought the Society could not allow this occasion to pass without paying some tribute of respect to the memory of Mr. Pyle. As a member of the committee, he was most regular in his attendance, and never failed to evince the greatest interest in the Society, an interest which was apparent after his death. He, therefore, begged to move the following resolution :—

That a letter of condolence be addressed to Mrs. Pyle, Earsdon, expressive of the sympathy which the members of the Northumberland and Durham Medical Society feel with her and her family, in their sorrow for the death of Mr. Thomas Hutchinson Pyle, M.R.C.S., L.S.A.

The resolution was seconded by Mr. DENHAM, and carried unanimously.

CASE OF AORTIC ANEURISM PRESSING ON THE VENA CAVA DESCENDENS AND ON THE VENA AZYGOS.

BY D. EMBLETON, M.D.

SEPT. 24, 1868.—Robert Richardson, æt. 44, a married bricklayer, was admitted to the Infirmary. He had been a man of irregular and dissipated habits, and was in the house five months ago, under Dr. Charlton, who had diagnosed a thoracic aneurism.

He had been ill for about two years, complaining of tightness about the throat and chest, with attacks of dyspnœa and palpitation of the heart, during which he could not bear the pressure of the bed clothes on the left side of the chest, but had little cough. He had also pain on swallowing food, and was becoming weaker.

Present state: Heat of skin natural, appetite bad, can only take liquid food, tongue moist and covered at back with yellowish fur, no thirst, bowels open ; head and neck, chest, shoulders, and arms

swollen, puffy, œdematous, and of a dusky rather livid hue, contrasting strongly with the pinched, pale, and non-œdematons belly and legs. The chest is well formed; on each side of it, and below the level of the nipple, is a well marked patch, which can be covered with the hand, of arborescences of small blue varicose veins, the patch on the left being larger than that on the right side, and here and there, over the rest of the œdematous parts, are dotted small groups of similar varicosities. The superficial epigastric veins, somewhat dilated, form, with the lower intercostals, a distinct network over the front of the abdomen.

Lungs: Over the anterior surface of the left side there is dulness on percussion, and very indistinct respiratory murmur; the posterior surface is also dull, and void of vesicular murmur. On the right side, just below the clavicle, and extending downwards by the side of and over the sternum for about four inches, and transversely for about the same distance, there is a space which is dull on percussion. It is little prominent, but about its middle, a dull pulsation, synchronous with the beat of the heart, is felt, and the ear detects a pretty strong systolic murmur, which diminishes towards the heart. This space is decidedly tender on pressure, which also increases the dyspnœa and distress in the chest.

The first sound of the heart, heard over this organ, is weak, and accompanied with a faint murmur, probably that of the aneurism. Pulse 75, weak; no difference was observed between the right and left.

Abdomen: This presents nothing of note, except that it is shrunk, and exhibits the network of veins already mentioned.

The urine is clear, of sp. gr. 1015, acid, letting fall at times a whitish, at times a lateritious sediment, soluble by heat.

Patient is generally heavy and somnolent, but free from delirium; suffers much from dyspnœa, and very painful oppression in the chest; and these, on exertion, or even without, are aggravated into paroxysms threatening asphyxia; has little cough, which is not hard and ringing; lies mostly on his left side, with his head bent downwards, and takes little food. The treatment was entirely palliative.

He continued in much the same state for eleven days, when he expectorated some scanty bloody sputa; pulse 90, weak. On the 8th of October, restlessness, great dyspnœa and dysphagia, and little urine. He gradually sank, and died at five a.m. on the 14th, twenty days from admission.

The photograph, by Warren, and the drawing from it, by Weir, on the table, represent the patient's appearance a few days before death.

Post Mortem Exam., after the lapse of twelve hours, conducted by Dr. Philipson: Very little fat on the abdominal parietes, the

veins around the thorax, upper extremities and abdomen, blue and dilated, the face œdematous.

Chest: Both pleuræ contained a large amount of serum; right lung, non-adherent, emphysematous throughout, no trace of tubercle; left lung, solid throughout, its external surface covered with a layer of adhesive lymph; on section, this lung was, from base to apex, freely studded with granules of yellow tubercle; towards the base some slight appearance of softening, but none of excavation.

Intestinal Canal: Presented nothing noteworthy.

Kidneys: Right, normal in size, congested, capsule partially adherent; left, slightly smaller than natural, smooth externally, on section pale.

The Pericardium contained a very small quantity of serum.

The Heart was rather larger than usual, and contained a quantity of clotted blood in both ventricles and in the right auricle. The walls of all the cavities were hypertrophied, more especially that of the left ventricle. The valves were free from disease. There was little fat about the heart; the muscular tissue was firm, and not very friable.—(The specimen exhibited.)

A large aneurismal sac surmounted the heart, lying in part within the pericardium, but principally external to and above it. The upper part of the pericardium was much stretched by it. The sac consisted of the ascending and transverse parts of the arch of the aorta, altogether dilated to the size of a small cocoa nut or a couple of oranges. In shape it was broadly pyriform, the apex being at the origin of the aorta, the curved base being the top of its arch. It was, in front, slightly convex; behind, somewhat moulded on the bifurcation of the trachæa, the bronchi, and other constituents of the roots of the lungs, which were all more or less flattened by its pressure. Beyond the sac, the descending aorta was at two other places dilated into aneurisms of the size of small pears. The root of the left lung lay between the upper of these and the principal sac, and would therefore undergo more pressure than the root of the right lung.

The three principal branches of the arch of the aorta issued from the top of the principal sac, and the left vena innominata crossing over their origins and over part of the sac, had suffered much compression; the vena cava descendens was so stretched over the right and strongly convex border of the sac as to be quite flattened. The vein at and below this part was quite empty; above, it was filled and distended with coagula, partly black and recent, partly firm, pale, and washed.

The vena azygos was also empty, stretched, and compressed by the sac.

A free incision being made into the front of the sac at its right side, its cavity was found about one-third full of a firm coagulum,

pale yellow in colour, and it did not contain much blood. The coagulum was unattached. The anterior wall of the sac was lined with a firm layer of fibrin about a quarter of an inch in thickness; the interior of the sac was rough, but there were no calcareous plates upon it, nor was there any rupture.

Remarks: Patient died exhausted and partly asphyxiated from the effects of the continued pressure by the aneurism upon the great vessels, nerves, and air tubes at the roots of the lungs, and upon the descending cava and azygos. During the death-agony, no blood had, it is inferred, passed along these latter vessels to the heart, for the vena cava was plugged with coagula above its entrance into the pericardium, and its cavity, as well as that of the vena azygos, was completely obstructed by pressure of the sac. This state of these parts would of necessity hasten death; the patient's habitual position in bed would to some extent have tended during life to lessen the pressure on these veins. The pain and dyspnœa experienced are easily accounted for by the increasing pressure of the tumour upon the surrounding parts, and the latter more especially by the consolidation of one lung, and the emphysema of the other, as well as by the pleuritic effusion, which would increase during the act of dying, and even after death. It is remarkable that there was so little cough.

The tubercles in the left lung were probably deposited during the inflammatory process that had produced consolidation of the tissue, but one cannot see any special reason for their deposition in this lung. The root of this lung must have been subjected to greater pressure than that of the right.

The puffy and œdematous condition, with varicosities, of the head, neck, and arms, which formed a remarkable feature of this case, was owing clearly to the pressure of the aneurism on the vena cava superior; whilst the similar state, with the peculiar large patches and smaller dottings of varicose veins, of the sides of the chest, and the unusual network of dilated veins on the abdomen, conveying the intercostal venous blood down to the iliac veins, and so to the ascending vena cava, is attributable to the compressed state of the vena azygos.

This being a case of a very interesting character, I may mention that a similar one has been recorded by Dr. Gull, in the *Lancet*, April 9th, 1864; and an abstract of it is given in the *Year Book of Med. & Surg.*, 1864, p. 122, New Sydenh. Soc.

In this case, the aneurism burst, by a large opening, into the termination of the superior cava from the back of the ascending aorta. Other particulars, especially those relative to the general condition of the patient, resemble so closely the details of my case, that I am tempted briefly to introduce them for comparison. They are these :—

"Five weeks before death, the man, æt. 34, who had had cough and dyspnœa for several years, began to swell in the face, and became purple, and his neck and arms puffy. On admission, his head, neck, thorax, and arms, seemed as though they belonged to a bloated individual; whilst the abdomen and lower extremities looked as if they were the parts of another man, for they were fine and thin, and not gorged with blood.

A vibratile thrill, synchronous with the second sound of the heart, was seen on the right side of the chest. No murmur with the cardiac sound. All over the ascending part and middle of the aortic arch a soft wheezing murmur was distinct. At the commencement of the arch it was diastolic, higher up, both diastolic and systolic. P. 108, small, regular, the right less than the left.

The opening into the aneurismal sac occupied the side and posterior wall of the ascending aorta, commencing an inch above the valves, and reaching to the innominata."—See also *Watson's Lectures*, 4th Edit., Vol. II., pp. 327-8.

Dr. YELD referred to a paper by Dr. Balfour, of Edinburgh, on a case of aortic aneurism treated by iodide of potassium in doses of from 5 to 15 grains three times a-day, with the effect of producing coagulation within the sac.

Dr. EMBLETON said he had left out notice of the treatment, as the case was hopeless, but it had consisted in the enforcement of perfect rest, and the administration of sesqui chloride of iron with digitalis, ergot of rye, and chloric æther.

SOME CASES OF PNEUMONIA.

BY MAXWELL F. REILLY, L.R.C.P.E., CASTLE EDEN.

THE subject of pneumonia has received so much attention, and has been so closely investigated, that it is with some diffidence I bring it before the Society this evening. Nevertheless, in illustration of the old maxim that "diseases radiate round types," I venture to record some cases of pneumonia which are rendered interesting either by abnormal course or abnormal symptoms. The first case, however, does not come under this category, but it is briefly sketched in contrast to those which follow it, and as a contribution to the natural history of the disease, as it was suffered to run its course to recovery uninfluenced by any medical treatment beyond the usual *juvantia* of rest and regulated dietary.

John Carr, a pitman, aged 32, came under observation on the 3rd of January, when he complained that he had contracted a

"perishment of cold." He had a slight cough, his right cheek was flushed, and his pulse was 102. On examination, there was very slight dulness over the base of the right lung, but up to the angle of the scapula the respiration, while perfectly free, had a peculiar roughness and harshness quite distinct from the natural vesicular murmur in the upper portion of the chest. On the fourth day there was distinct dulness over the whole of this area, the fine crepitus became audible, and the sputa assumed the characteristic rusty appearance, the pulse being 116. On the sixth day, the percussion note distinctly rose; and the usual signs of consolidation—bronchophony and increased vocal resonance, supplanted the advancing crepitus. The chlorides now commenced to disappear from the urine, and by the tenth day, on which the affected portion of the lung was entirely solidified, they were completely absent. A short period of rest appeared to succeed, and on the twelfth day the *crepitus redux* was caught beneath the angle of the scapula. Within the next four days it became universal, and the lung resumed its healthy condition on the twenty-second day. The chlorides re-appeared on the fourteenth day, and were present in unusual quantities to the close of the case. There was here scarcely an indication for interference; the pulse never exceeded 116, and jacket-poulticing, an occasional purgative, and camphor-mixture of various tints, seemed to be all that was requisite.

I will now call your attention to a case which demanded more caution in its diagnosis and treatment. An old man, named Joseph Cooper, sustained a penetrating wound of the knee-joint in February last. He was confined to bed for some weeks, but on the day on which the Colliery Bond was read he went out and stood in front of the office for some hours, exposed to a bitter easterly wind. Next day, symptoms of pneumonia manifested themselves in the right lung, and ran the usual course. The attack was characterised by great prostration, with intermittent pulse, and demanded the free employment of stimulants, ammonia, and the jacket-poultice. About the twenty-fifth day, he became convalescent, and took advantage of the opportunity to sit near the door, smoking; and, towards evening, wound up his imprudence by taking a large bowl of beef-soup, with peas and onions. Next day he was much worse, and complained of intense pain in the *left* side, dyspnœa, and cough, while his pulse had risen from 96 to 120. No friction-sound was discoverable; but on the following day (the third of the second attack) fine crepitus was audible over nearly the whole of the left lung, and bronchophony and bronchial breathing at its base. Re-appearance of the rusty sputa and disappearance of the chlorides from the urine, left no doubt that the left lung had become the seat of a fresh attack of inflammation, but at the same time *there was a perfectly clear percussion sound, almost tympanitic,*

over the left side of the chest. Six leeches were now applied, with the effect of relieving the pain. On the next day the signs of consolidation were unequivocal, but the clearness on percussion over the solid lung was, if possible, more strongly marked. The patient, who had taken sundry doses of castor-oil, was suffering from slight diarrhœa; but on examining the abdomen, the large intestine was found to be greatly distended with flatus. He was at once given a two-pint injection of oil, turpentine, and asafœtida, which relieved him of a fabulous quantity of wind; and, on examining him in the evening, the percussion-sound over the left thorax, posteriorly, was most markedly raised in tone. He made a tedious recovery, and did well eventually. Now this case appears to me to illustrate one of the most interesting points in pathology. In the whole range of practice of medicine, there is scarcely a more distinct sequence of cause and effect than the dulness upon percussion which we find on the chest-wall overlying a consolidated lung. Yet, in the present instance, with all other signs of consolidation existing in the highest degree, we find the percussion-note not only *not* raised in pitch, but even tympanitic in quality. Fortunately, the mechanism admits of easy explanation. The large intestine was obviously distended with flatus, and its natural resonance was transmitted through the solid lung to the posterior parietes of the thorax. The establishment of dull percussion-sound after the operation of the enema settles this beyond doubt. But there are cases in which this morbid phenomenon is more difficult of solution. Most physicians have met with isolated instances of the kind, where the absence of dulness was not explicable on any rational grounds. Some years ago, I saw a case of the sort. A barber, named McGowan, came under the care of Dr. J. F. Duncan, of Dublin, suffering from *delirium tremens.* Cough and rusty sputa indicated pneumonia, while brochophony, bronchial breathing, and increased vocal *fremitus* over the right base, indicated its seat. Yet, with these symptoms, there was no dulness on percussion—a clear tympanitic sound was emitted. The man died, and a careful *post mortem,* which I made, verified the diagnosis, yet failed to account for the anomaly. There was no intestinal flatus whatever, and although the chest was very carefully opened, bearing in mind Dr. Graves' theory of pneumatosis, no gas was found in the pleural cavity. Here, it must be admitted, a wide field is opened for conjecture. Hudson regards the clearness on percussion as the natural note of the trachea or some large included bronchial tube conducted to the surface by the condensed lung. Duncan, more intelligibly, seeks an explanation in the type of the inflammation rather than in its seat, believing that the parietes of the chest have been rendered unusually tense by the tumefaction of the inflamed organ—thus increasing the vibration; while the vesicular structure has not been sufficiently condensed to produce the usual dulness—

owing, probably, to deficiency of the albuminous element in the interstitial deposit. Dr. Lyons, again, explains this abnormal clearness as the result of increased pressure of the air in the permeable pulmonary lobules, which become expanded beyond their natural volume, and thus a temporary emphysema is produced. (*Med. Times and Gazette*, 1855.) Be this as it may, there can be no question that we occasionally meet with hyper-resonance in cases where the physical conditions usually produce an opposite result.

I will now briefly sketch the outlines of a case in which the seat of the inflammation was rather unusual. A woman, Mrs. L——, aged 46, a confirmed laudanum-drinker, came under observation, suffering from slight jaundice and very severe pain in the right hypochondriac region. She had been absent from home, attending her sister in a fatal illness, and had indulged very freely in the "funeral baked meats," and also in the funeral hot drinks. On her way back she had been seized with illness, and remained for three days at South Hetton, where she had been treated by a quack herbalist; getting rather worse, however, she was brought home by her husband. The liver was enlarged and tender, and she derived much benefit from leeching, fomentations, mercury, and saline effervescents. In a few days she spoke of a pain in the right shoulder, which she had not mentioned previously, as it had not been nearly so bad as that over the liver, but had, as it were, assumed importance as the latter diminished. Her pulse throughout was something over 100, and I paid little attention to her complaint, regarding the pain as that so commonly met with sympathetic to hepatic derangement. Next day she complained of some cough, which was, perhaps rather loosely, set down to the same cause; and on the next day the expectoration was rusty. Examination of the right lung *now* showed that while its base was perfectly healthy, the whole upper lobe was in a state of inflammation, complete consolidation existing at the apex, while fine crepitus was audible beneath. There was, of course, a possibility that this might be a pre-existing tubercular deposit, with intercurrent inflammation; but the history and appearance of the patient were quite opposed to such a supposition, and no hesitation was felt in giving her two grains of calomel with half a grain of opium thrice daily; but this only purged her, without affecting the system, and the quantity of opium had to be more than doubled before the mercury was sufficiently guarded. Explanation of this fact was found in the observation of a neighbour, who remarked, "a pen'north of lodman is nowt to Betsy; ay, or two pen'north either!" The patient made a rapid recovery, and nitro-hydrochloric acid, with a bitter, afterwards proved very beneficial. This case, I think, ought to impress on us the fact that it is quite possible for sympathetic pain to co-exist with local mischief, and that, in examining a patient, nothing ought to be taken for granted.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 35.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF SEPTEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	1	5	...	5	...	...	1	...	...	...	4	1	...	1	...	...	...	18		4	1	1	...	...	6		Scarlet Fever	1	2
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		1	...	...	...	...	1		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	..	2	1	1	2	1	2	...	..	...	...	4	...	12	3	2	...	30		4	...	2	...	2	8		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	1	...	...	1		Dysentery	1	...
Asiatic Cholera	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		..	1	...	...	...	1		Continued Fever	...	...
Typhus	...	...	2*a*	...	...	...	...	...	...	...	1	...	2	...	...	...	...	5		...	...	1	...	...	1		Typhus	...	...
Enteric or Typhoid	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	3	...	2	...	...	...	...	...	1	1	...	...	...	...	7		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	6	...	...	...	3	...	...	1	...	...	5	...	...	4	...	2	21		...	1	...	...	...	1		Bronchitis and Catarrh	1	...
Influenza	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Pleurisy aud Pneumonia	1	...
Phthisis	...	...	...	...	...	3	...	2	...	...	...	3	...	1	...	1	1	11		1	1	...	...	2	4		Phthisis	2	...
Constitutional Syphilis	...	1	...	1	...	1	...	1	4	...	...	1	...	...	1	2	3	15		...	...	...	...	...	...		Constitutional Syphilis	1	...
All other Diseases	1	10	4	3	6	3	...	13	13	5	2	10	...	37*b*	17	6	7	137		28	16	20	...	15	79		All other Diseases	14*c*	...
Accidents	...	...	...	...	...	...	...	10	40	...	...	...	...	...	...	...	...	50		...	...	10	...	...	10		Accidents	2*d*	...
Total	2	33	9	14	8	13	6	27	58	6	8	26	3	51	25	12	13	314		38	20	35	0	19	112		Total	23	2

a Removed to Newcastle Fever Hospital. *b* 2 In-patients. *c* 1 Laryngitis; 2 Paralysis, aged 58 and 65; 2 Tetanus; 1 Gun-shot Wound of Fore Arm; 1 Compound Fracture of Arm.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
0 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 36.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF SEPTEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	...	4	2	...	...	...	...	3	2	...	...	1	...	...	...	14		2	...	1	...	...	3		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	1	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	4		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	1	1	...	...	1	2	...	..	1	...	2	...	11	3	...	...	23		5	...	1	...	...	6		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	3	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	6*a*	1	...	1	...	...	...	1	1	...	10	...	...	...	...	20		...	...	...	1	...	1		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	1	4	...	1	...	...	...	...	...	...	...	...	...	...	...	6		2	...	2	...	...	4		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	4	...	2	...	...	2	...	...	1	...	...	...	...	...	...	...	9		2	...	...	...	...	2		Bronchitis and Catarrh	1	...
Influenza	...	..	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	1	...	...	...	1	...	...	...	1	...	...	1	...	..	5		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	...	2	1	...	...	1	...	...	2	...	1	...	3	...	10		...	1	4	...	...	5		Phthisis	1	...
Constitutional Syphilis	...	...	...	1	...	...	...	...	2	...	...	...	...	1	3	1	2	10		...	1	...	...	...	1		Constitutional Syphilis	...	...
All other Diseases	4	12	3	11	1	1	...	18	25	7	...	4	...	28*b*	24	5	12	155		14	6	20	...	20	60		All other Diseases	12*c*	...
Accidents	...	...	...	...	1	...	...	5	33	1	...	...	...	...	...	...	...	40		...	...	6	...	...	6		Accidents	1	...
Total	5	25	13	26	6	6	6	24	61	15	3	9	10	44	33	9	14	309		25	8	34	1	20	88		Total	16	0

a Removed to Newcastle Fever Hospital. *b* 4 in-patients; *c* 1 Paralysis; 1 Apoplexy; 1 Dropsy; and 4 Old Age.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Dr. H. W. NEWTON.
Dr. G. C. GILCHRIST.
Dr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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10 Mr. H. E. ARMSTRONG.
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13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
0 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 37.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF SEPTEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts. St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	Public Institutions. Infirmary. In-Patients. 8	Out-Patients. 9	Dispensary. Central. 10	Eastern. 11	Western. 12	Fever Hospital. 13	Children's Hospital. 14	Workhouse. 15	Vagrant Ward. 16	Gaol. 17	Total. For the Week.	Corresponding Week last Year.	GATESHEAD. Poor Law Districts. Western. 18	Eastern. 19	Public Institutions. Dispensary. 20	Fever Hospital. 21	Workhouse. 22	Total. For the Week.	Corresponding Week last Year.	DISEASES	DEATHS. Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	3	7	1	...	...	...	...	4	1	...	...	...	...	...	...	18		4	...	...	...	...	4		Scarlet Fever	1	2
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	1	1	1	1	...	1	...	..	1	...	1	...	7	4	1	...	19		...	...	3	...	3	6		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2		...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	..	2	...	4	...	1	...	...	...	...	...	...	1	...	...	...	...	8		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	2a	...	...	...	...	...	...	...	1	1	3	...	...	...	...	7		1	...	...	2	...	3		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	2	...	...	1	3		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	6		5	...	...	...	...	5		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	2	4	1	...	...	...	3	...	1	3	1	1	...	...	1	...	...	17		...	1	1	...	2	4		Bronchitis and Catarrh	...	...
Influenza	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	1	...	...	...	2	...	...	...	...	...	...	...	...	..	4		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	...	...	1	...	...	1	1	...	...	1	...	...	3	...	...	8		...	...	2	...	1	3		Phthisis	1	...
Constitutional Syphilis	...	1	...	1	...	1	...	1	...	1	...	1	...	1	2	...	3	12		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	7	10	3	7	11	3	...	21b	11	2	11	4	...	40	17	7	16	170		10	6	20	...	20	56		All other Diseases	6c	...
Accidents	...	1	...	2	...	1	...	4	27	...	...	...	...	...	...	...	...	35		...	...	3	...	...	3		Accidents	...	...
TOTAL	9	25	11	28	14	6	6	29	40	13	14	9	4	48	27	8	19	310		20	9	30	2	27	88		TOTAL	8	2

a Removed to Newcastle Fever Hospital. b 1 Lead impregnation; c 1 Tabes Mesenterica; 1 Old Age.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Dr. G. C. GILCHRIST.
Dr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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19 Dr. G. DOUGLASS.
0 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF SEPTEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Small-Pox	...	...
Measles	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	1	...	1	2	1*a*	3	...	...	...	1	2	...	...	...	...	...	...	11		...	...	3	...	...	3		Scarlet Fever	3	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	3		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	2	2	1	...	4	2	...	..	...	...	...	...	8	5	...	...	24		...	...	...	...	...	...		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	3		1	...	...	...	...	1		Erysipelas	...	...
Continued Fever	..	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Continued Fever	1	...
Typhus	...	...	2*b*	...	...	...	...	...	...	...	1	...	1	...	...	...	...	4		...	...	...	...	1	1		Typhus	2	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	1	...	1	...	...	...	...	...	...	...	...	...	1	3	...	...	6		...	3	1	...	...	4		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	3		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	2	2	3	...	2	1	...	1	1	...	...	...	2	2	...	...	16		3	1	1	...	...	5		Bronchitis and Catarrh	2	...
Influenza	...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	..	3		...	...	1	...	...	1		Pleurisy aud Pneumonia	1	...
Phthisis	...	...	...	1	...	...	...	1	2	...	...	1	...	...	1	...	1	7		...	...	4	...	...	4		Phthisis	1	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	6		1	...	...	...	...	1		Constitutional Syphilis	...	...
All other Diseases	6	9	2	7	3	4	...	25	18	5	...	8	...	36*c*	15	5	7	150		16	4	13	...	22	55		All other Diseases	8*d*	...
Accidents	...	...	...	1	...	...	...	10	25	...	...	...	...	...	...	...	...	36		...	...	9	...	...	9		Accidents	...	...
Total	7	16	9	19	4	14	7	36	46	10	3	10	1	50	28	7	10	277		21	9	32	0	23	85		Total	18	0

a Very Malignant; *b* Removed to Newcastle Fever Hospital; *c* 1 an in-Patient; *d* 1 Psoas Abscess; 1 Heart Disease; 1 Epilepsy; 1 Paralysis; 1 Tabes Mesenterica.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

r. T. C. NESHAM.
r. H. W. NEWTON.
r. G. C. GILCHRIST.
r. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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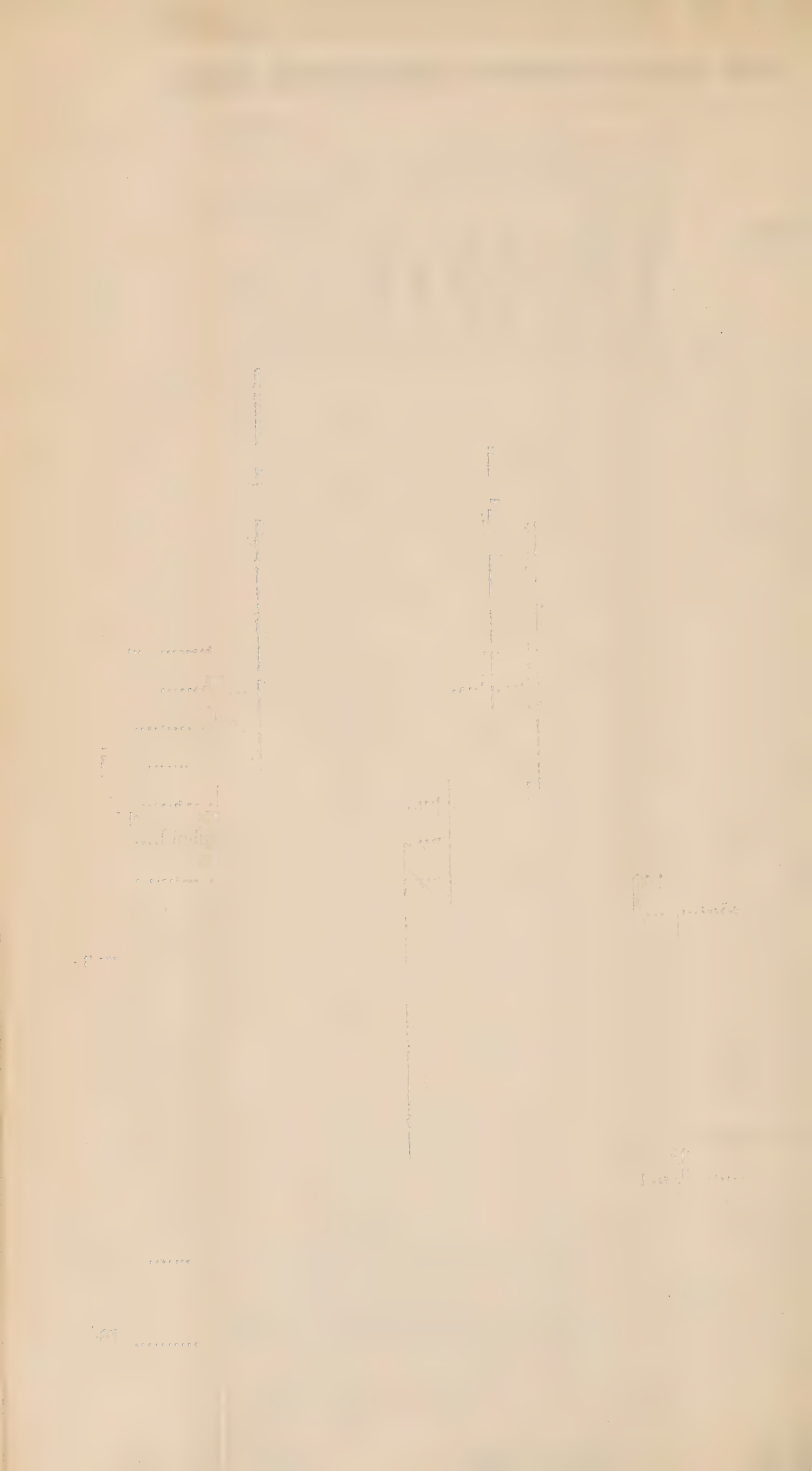
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 39.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 3rd DAY OF OCTOBER, 1868.

DISEASES.	NEWCASTLE. POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.										TOTAL.	
								Infirmary.		Dispensary.									
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	
Measles	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	
Scarlet Fever	3	1	1	1	2	...	2	...	...	...	2	4	...	...	...	...	...	16	
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Hooping Cough	...	2	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	6	
Croup	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2	
Diarrhœa	2	...	...	4	...	...	1	...	...	...	...	...	...	4	2	...	1	14	
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Continued Fever	..	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	4	
Typhus	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Febricula	1	...	...	4	...	...	...	...	...	1	...	...	...	...	2	...	...	8	
Ague	...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	1	
Rheumatic Fever	..	1	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	5	
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bronchitis and Catarrh	...	4	...	4	1	2	3	...	2	3	...	4	...	...	2	...	...	25	
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Pleurisy and Pneumonia	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	..	3	
Phthisis	...	...	...	..	...	...	...	...	1	...	...	5	...	1	1	...	...	8	
Constitutional Syphilis	...	...	...	1	...	...	...	...	...	1	...	...	...	...	2	1	2	7	
All other Diseases	7	3	5	6	3	...	...	6	17	5	1	5	...	34	12	6	9	119	
Accidents	...	...	1	...	...	1	...	10	37	...	...	...	...	...	1*a*	...	...	50	
TOTAL	13	14	8	25	8	3	9	16	57	13	3	19	1	42	23	7	12	273	

	GATESHEAD. POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DEATHS.	
DISEASES	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	Newcastle.	Gateshead.
	18	19	20	21	22				
Small-Pox	...	...	...	...	...	...		...	...
Measles	...	...	...	..	...	...		...	...
Scarlet Fever	1	3	1	...	...	5		5	...
Diphtheria	...	...	...	...	...	...		...	...
Hooping Cough	...	...	...	...	...	...		...	...
Croup	...	...	...	...	...	...		...	...
Diarrhœa	2	...	...	...	...	2		...	...
Dysentery	...	...	...	...	...	...		..	...
Asiatic Cholera	...	...	...	...	...	...		...	...
Erysipelas	1	...	...	...	...	1		...	...
Continued Fever	...	...	...	...	...	...		...	...
Typhus	...	...	...	...	...	...		...	...
Enteric or Typhoid	...	...	...	...	...	...		1	...
Relapsing	...	...	...	...	...	...		...	...
Febricula	2	...	2	...	...	4		...	...
Ague	...	...	...	...	...	...		...	...
Rheumatic Fever	...	...	...	...	...	...		...	...
Puerperal Fever	...	...	...	...	...	...		...	...
Bronchitis and Catarrh	...	1	...	...	4	5		...	...
Influenza	...	...	...	...	...	...		...	...
Pleurisy aud Pneumonia	...	...	1	...	...	1		...	...
Phthisis	2	3	2	...	2	9		2	...
Constitutional Syphilis	...	...	...	...	...	...		...	...
All other Diseases	7	3	20	...	12	42		2*b*	...
Accidents	...	...	6	...	...	6		2*c*	...
TOTAL	15	10	32	0	18	75		12	0

a Fracture of Thigh, aged 5, Epileptic. *b* 1 Aneurism of Aorta. *c* 1 Both Legs torn from body; 1 Tetanus, Laceration of Thigh.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.

13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.

17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 40.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 10th DAY OF OCTOBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	4	1	4	...	...	2	...	...	4	...	2	...	...	...	...	...	17		3	3	1	...	...	7		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	1	2	1	...	1	...	...	1	1	1	...	5	4	...	2	20		...	...	...	...	2	2		Diarrhœa	1	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	5		...	1	...	...	...	1		Erysipelas	...	...
Continued Fever	..	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Continued Fever	...	...
Typhus	1	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	5		...	...	1	2	...	3		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	1	...	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	...	...	1	...	...	2	...	...	7		4	...	2	...	1	7		Febricula	...	...
Ague	...	...	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2		1	1	...	...	...	2		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	3	...	1	3	4	2	...	...	3	1	2	...	...	6	1	...	27		...	1	...	...	2	3		Bronchitis and Catarrh	2	...
Influenza	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	..	3		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	2	2	...	...	...	1	...	...	1	1	...	...	...	1	...	9		2	...	3	...	1	6		Phthisis	...	...
Constitutional Syphilis	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2	...	3	7		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	9	6	3	3	5	2	...	18	17	4	3	7	...	31*a*	13	7	14	142		20	1	25	...	17	63		All other Diseases	3*b*	...
Accidents	...	...	...	1	...	2	1	3	22	...	...	...	...	...	...	...	...	29		...	...	8	...	...	8		Accidents	...	...
Total	13	17	8	21	9	10	8	22	40	15	8	15	4	36	27	9	19	281		30	8	40	2	23	103		Total	8	1

a 1 An in-Patient. *b* 1 Cancer Uterus; 1 Old Age.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

. C. NESHAM.
I. W. NEWTON.
. C. GILCHRIST.
OHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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10 Mr. H. E. ARMSTRONG.
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20 Mr. F. W. NEWCOMBE.
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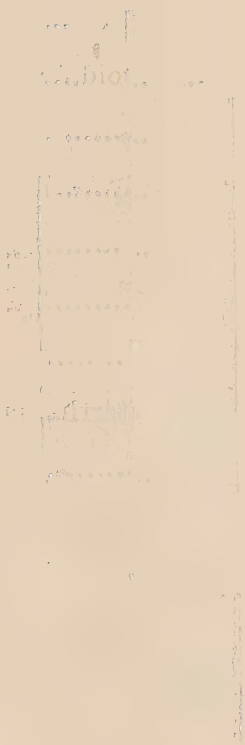
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 17th DAY OF OCTOBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.										NEWCASTLE. Total.	
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary. In-Patients.	Infirmary. Out-Patients.	Dispensary. Central.	Dispensary. Eastern.	Dispensary. Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	
Measles	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	
Scarlet Fever	...	1	3	5	1	...	4	...	...	5	7	4	...	...	...	...	...	30	
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	3	
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diarrhœa	...	...	...	2	2	...	...	...	..	1	...	...	...	3	2	...	2	12	
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Erysipelas	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	3	
Continued Fever	..	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	
Typhus	...	1	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	5	
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Febricula	...	...	...	5	...	...	...	...	...	...	...	...	...	...	2	1	...	8	
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rheumatic Fever	..	1	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	4	
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bronchitis and Catarrh	1	4	1	...	...	4	3	...	...	3	1	4	...	...	2	...	...	23	
Influenza	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	
Pleurisy and Pneumonia	...	...	...	...	...	...	..	...	...	...	...	1	...	...	...	...	..	1	
Phthisis	...	...	...	...	3	...	...	1	1	3	...	2	...	...	...	...	...	10	
Constitutional Syphilis	...	...	...	...	...	...	...	3	...	...	...	...	...	...	1	...	...	4	
All other Diseases	5	5	3	2	8	3	...	16	8	10	4	11	...	25*a*	6	6	19	131	
Accidents	...	...	1	...	...	...	...	9	26	1	...	...	...	...	...	...	...	37	
TOTAL	6	15	11	16	15	8	8	29	35	29	12	25	0	28	13	7	21	278	

DISEASES.	GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	18	19	20	21	22					
Small-Pox	...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	1	2	...	...	3		Scarlet Fever	3	...
Diphtheria	...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	1	1		Croup	...	...
Diarrhœa	...	...	2	...	...	2		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	...	3	...	3		Typhus	...	...
Enteric or Typhoid	...	...	1	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...		Relapsing	...	...
Febricula	...	1	2	...	...	3		Febricula	...	...
Ague	...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	...	2	...	3	5		Bronchitis and Catarrh	...	...
Influenza	...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...		Pleurisy and Pneumonia	...	...
Phthisis	2	...	3	...	2	7		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	17	6	15	...	19	57		All other Diseases	6*b*	...
Accidents	...	...	10	...	...	10		Accidents	1*c*	...
TOTAL	19	8	38	3	25	93		TOTAL	13	0

a 2 In-Patients. *b* 1 Aneurism of Aorta; 1 Old Age; *c* Severe Scald.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
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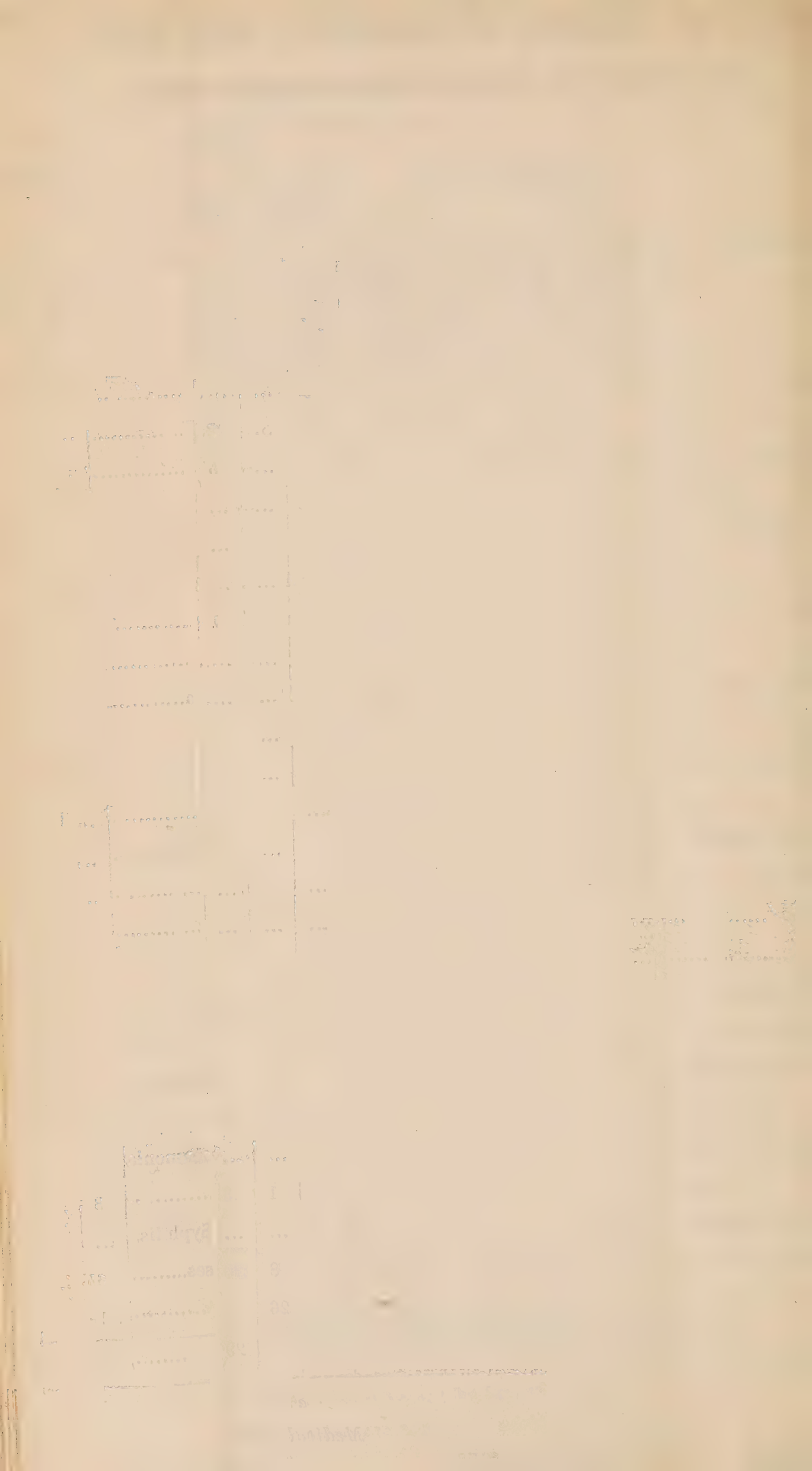
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 24th DAY OF OCTOBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	1	1	6	2	...	...	6	...	...	5	6	2	...	...	...	...	...	29		2	6	4	...	...	12		Scarlet Fever	5*c*	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	...	...	...	1	...	...	..	1	...	...	...	2	2	...	...	7		...	...	...	...	2	2		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Dysentery	..	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	3		...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	..	2	...	...	3	...	...	...	...	2	...	2	...	...	...	...	...	9		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	1*a*	...	1	...	...	...	...	1	...	...	2	...	...	...	...	5		...	2	1	2	...	5		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	1	...	1		Enteric or Typhoid	1	1
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	5	...	...	...	...	...	...	...	...	...	...	2	...	...	7		...	...	1	...	...	1		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	4		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	...	...	...	2	...	...	1	5	...	4	...	...	1	...	...	16		3	3	4	...	...	10		Bronchitis and Catarrh	...	1
Influenza	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	1	..	2		...	...	...	...	1	1		Pleurisy aud Pneumonia	1	...
Phthisis	...	2	...	...	...	...	2	3	...	1	...	3	1	1	2	...	1	16		...	1	5	...	...	6		Phthisis	2	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	5	7		...	...	1	...	...	1		Constitutional Syphilis	...	...
All other Diseases	5	6	5	10	4	1	...	15	13	16	5	13	...	20*b*	18	5	19	155		15	3	24	...	15	57		All other Diseases	3*d*	...
Accidents	...	...	1	...	1	...	...	5	41	...	...	...	...	...	...	...	...	48		...	...	6	...	...	6		Accidents	1*e*	...
Total	8	16	13	19	9	5	8	23	55	36	11	26	4	24	28	6	25	316		20	15	47	3	18	103		Total	13	2

a Removed to Newcastle Fever Hospital. *b* 3 In-Patients. *c* Convulsions. *d* 1 Asthma; 1 Old Age. *e* Tetanus, Compound Fracture of the Leg.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 T. C. NESHAM.
2 H. W. NEWTON.
3 G. C. GILCHRIST.
4 JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 43.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 31st DAY OF OCTOBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	2	2	2	3	...	2	...	...	3	10	8	1	...	...	...	...	33		...	...	...	...	...	...		Scarlet Fever	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	3		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	...	...	1	...	..	1	...	1	...	4	...	...	2	9		...	...	...	...	...	...		Diarrhœa	2	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	1	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	3		1	...	...	...	...	1		Continued Fever	...	...
Typhus	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	3		...	...	...	2	...	2		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	...	1	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	3		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2		...	...	...	...	2	2		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	3	2	1	...	4	...	...	...	9	1	5	...	1	6	...	...	33		3	1	3	...	4	11		Bronchitis and Catarrh	1	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	1	...	...	..	1	...	...	...	...	...	...	...	...	..	2		2	...	...	...	...	2		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	1	1	1	...	1	...	3	1	4	...	...	1	1	...	14		...	...	5	...	1	6		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	3	6		2	1	1	...	...	4		Constitutional Syphilis	1*b*	...
All other Diseases	7	4	2	8	11	5	...	16	9	16	2	9	...	25*a*	16	7	14	151		24	6	22	...	24	76		All other Diseases	9	...
Accidents	...	...	1	...	...	...	...	4	39	3	...	...	...	...	...	...	...	47		...	...	12	...	...	12		Accidents	...	...
Total	9	11	8	16	15	10	3	24	48	40	17	28	2	35	23	9	20	318		32	8	44	2	31	117		Total	18	0

a 3 In-Patients. *b* Caries of Head.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

T. C. NESHAM.
H. W. NEWTON.
G. C. GILCHRIST.
JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Mr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

The Third Monthly Meeting for the Session 1868-9 was held on Thursday, December 10th, 1868; Dr. Gibson, President, in the chair.

The following gentlemen were elected members :—

Mr. R. C. Newton.
Mr. C. H. Hines.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SIXTH REPORT FOR 1868.

By G. H. PHILIPSON, M.A., M.D.

The returns for the month of November, from November 1st to November 28th, 1868, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns :—

DISEASES.

The extent to which they prevailed in Union, charitable, and public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents: the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks :—

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
November 7 ...	286	116	77	20	5	7
November 14 ...	307	99	84	7	9	2
November 21 ...	323	113	73	26	9	7
November 28 ...	319	91	70	12	0	0

The total of the new cases of disease and injury, in Newcastle, during the time under consideration, has slightly increased, the weekly number of the third week of November being 323. The average of the four weeks is 309, against 298, the average of the four weeks of October. In Gateshead, little change has occurred in the weekly numbers. The average of the four weeks is 105, against 104, the average of the four weeks of October.

The seizures from the zymotic division of diseases, in Newcastle, have slightly increased, and in Gateshead, have been stationary. In Newcastle, the average of the four weeks is 76, against 67 for October, and 68 for September. In Gateshead, the average is 16, the same as the averages for October and September.

Small pox, in both towns, has been unrecorded.

Measles has been very little in force. In Newcastle, during the four weeks, 51 cases have been returned, and in Gateshead, 10.

Scarlet fever has not increased in prevalence. In Newcastle, the total of the four weeks is 110, against 103, for October; and in Gateshead, 13, against 22, for October.

Diphtheria, in both towns, has been unrecorded.

Hooping cough has been nearly absent. In Newcastle, 6 cases; and in Gateshead, not one.

Two cases of croup, in Gateshead, have been returned, one fatal.

Diarrhœa and dysentery have greatly diminished in prevalence.

Asiatic cholera has been unrecorded.

Erysipelas has been thus reported :—In Newcastle, 8 cases; and in Gateshead, 3 ; no deaths.

Typhus fever has continued very slightly in force, and in both towns, in the last week of November, was unrecorded. In the first three weeks, taken together, in Newcastle, 23 cases occurred, and in Gateshead, 16.

The total admissions into the Newcastle Fever Hospital amounted to 14, all typhus. In November, 1867, the admissions from typhus were 58; in the same month of 1866, 26; and in that of 1865, 166.

Four cases of ague, in Newcastle, have been returned, one a soldier, who had lately returned from the Mauritius.

Rheumatic fever has been common. In Newcastle, 17 cases have been recorded, against 12 in October, and in Gateshead, 2 cases, against 4 in October.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 30 and 57; and in Gateshead, between 9 and 19.

Under phthisis, during the month, in Newcastle, 58 cases have been returned, against 49 in October, and in Gateshead, 12 against 25 in October.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the years 1851 to 1860; the number in public and private practice; and the annual rate of mortality in Newcastle; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years—1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
November 7	67	1 under.	13	54	27	1
November 14	51	17 under.	14	37	21	1
November 21	58	10 under.	15	43	24	0
November 28	67	1 under.	23	44	27	1

The total of the deaths registered in Newcastle has fluctuated between 67 and 51. The average of the four weeks is 61, against 58, the average of the four weeks of October.

The registered number has always been under the corrected

average weekly number, in the ten years 1851 to 1860. The number has varied from 1 to 17 under.

The annual rate of mortality has varied from 27 to 21. The average rate for the four weeks is 25, against 24, the average of the four weeks of October.

From the zymotic division of diseases, during the four weeks, 10 deaths occurred in Newcastle, of which 9 were occasioned by scarlet fever, and in Gateshead, 2, 1 by scarlet fever. In October, in Newcastle, 16 deaths occurred from zymotic disease, and in Gateshead, 2.

From phthisis, during the four weeks, 7 deaths took place in Newcastle, against 8 in October, and in Gateshead, not one. Since May, no death from phthisis has been recorded in the public practice of Gateshead.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
November 7	39·1°	43·9°	0·68
November 14	39·0°	40·7°	0·42
November 21	38·7°	39·8°	0·52
November 28	41·0°	42·5°	0·96

The temperature, in Newcastle, during the first three weeks of November, as observed during September and October, continued gradually to decline, and in the week ending November 21st the mean was as low as 38·7°; in the last week, however, it again rose, when the mean was 41·0°.

The total rain-fall in November amounted to 2·58 inches. In October, the total was 2·51 inches.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Dr. PHILIPSON presented a fibrinous mass, from a case of plastic bronchitis. During a violent paroxysm of coughing, the mass, fully an inch in diameter, had been ejected, the expulsion being followed by hæmoptysis. Subsequently, arborescent solid and tubular masses were expectorated. The mass shown was distinctly laminated, and was supposed to have come from the chief bronchus. Under the microscope, it was seen to be composed of granular matter, intermixed with mucous corpuscles and compound granulation cells. Gallic acid, in combination with dilute sulphuric acid and the liquid extract of ergot, had been administered, and no return of the hæmorrhage had taken place.

Dr. PHILIPSON exhibited, for Mr. Lightfoot, an intra uterine encephaloid growth; from the same case, he had shown a microscopical specimen at the former meeting. The growth had been discharged, at an interval of about four weeks, in a manner similar to that before described.

Dr. PHILIPSON also exhibited, for Dr. Heath, an encephaloid cancerous tumour, which that gentleman had removed from the posterior portion of the thigh of a young woman.

NOTES OF SURGICAL CASES TREATED BY LISTER'S METHOD.

BY S. FIELDEN, L.R.C.P.E., M.R.C.S.L.

ON September 30th, 1867, I was called to see W. E., æt. 30, whose left great toe had been almost severed at the metatarso-phalangeal articulation, by the falling of a heavy piece of boiler-plate, which he and two others were engaged in rearing against a wall. The toe was considerably contused, and was held together only by a small portion of the soft parts under the articulation.

After careful cleansing, I introduced three wire sutures to keep the parts in apposition, and wrapped a piece of lint saturated with carbolic oil—1 to 4—round the toe; over it a layer of carbolic putty was applied, the whole being covered with thin sheet lead, and held together by a roller. His bowels were cleared with a dose of pills and a black draught.

Two days later, having carefully removed the paste, I found a

good deal of sero-sanguineous effusion, which was mopped up and fresh paste applied, the deeper dressing being left undisturbed.

This process was repeated daily, for the next six days, the discharge diminishing so rapidly that during the last twenty-four hours of the time not the slightest oozing was perceptible.

For four days longer the same kind of dressing was practised, with about two drops of discharge each time of dressing, but no animal odour could be detected. So far, the constitutinal symptoms were very slight. I am ashamed to confess that, at this juncture, my inquisitive and prying disposition led me into meddlesome interference with the dressings, and the result was, that instead of reparation proceeding by absorption of dead tissue and scabbing, granulation and suppuration followed. The toe was found in the following condition: the union round the joint was all but complete, and lying loose on the outer side, and disclosing a healthy ulcer, was a shrivelled slough about the size of a fourpenny piece. Very little swelling, no pain, no smell.

But for my officiousness, I believe that in this case not a single drop of pus would have been formed.

The treatment had answered the desired end, however, by preventing suppuration in the joint, and the case terminated very satisfactorily, for not only was the toe saved, but at the present time the motion in the joint is as perfect as it was before the accident.

The next case in which I tried this treatment was that of a lad, aged 17, whose head had been struck by a descending pit cage about the superior angle of the occipital bone, tearing the scalp down to behind the ear on each side, in the direction of the occipito-parietal sutures, and dragging it thence over his forehead.

The scull-cap, for an extent of about $1\frac{1}{2} \times 2$ inches, was denuded of its pericranium, and the surface of the bone scraped off; while the scalp, badly contused, had been replaced, the space between it and the bone being literally crammed with dirt and small coals.

After carefully removing these, I swabbed the injured parts thoroughly with a solution of carbolic acid and water—1 to 3—and arrested a pretty free hæmorrhage by torsion of several bleeding vessels.

The parts were drawn together by three wire sutures and two strips of lint saturated with carbolic oil, applied in the direction of the wound. Over these, a layer of carbolic paste, covered with tinfoil, was retained by means of a roller.

In this case, instead of removing the putty at each dressing, I merely dabbed it with carbolic oil, and covered it with a pieee of lint saturated with the same solution.

At the end of a fortnight, the boy was so well that he went to work. He was dressed every evening in the same way, and at the

close of the third week, when the dressings were removed, a perfect cicatrix in the line of the wound was all that remained to mark the site of the injury.

The first few days there was copious sero-sanguineous discharge, but from first to last not a drop of pus was formed. I have frequently observed severe scalp wounds heal by the first intention with water-dressing; but I do not remember ever to have seen a case get well so rapidly under any but the antiseptic treatment, where the bone had been deprived of its periosteum to such an extent, and the soft parts so much torn and bruised.

The usual concomitants in these cases are suppuration, exfoliation, erysipelas, and traumatic encephalitis.

On September 21st, 1868, I was sent for to see W. E., æt. 47, who, while engaged in his occupation of quarrying, had received a severe injury by the premature explosion of a shot driving a stone, weighing about a quarter of a ton, forcibly on his left leg.

On examination, four hours after the accident, I found the leg greatly distended with extravasated blood, and, on the anterior and inner aspect of the limb, two wounds, each an inch and a half long, parallel to each other, and about an inch apart, communicating with a severely comminuted fracture of the tibia and fibula. The fragments could be very distinctly felt, and the finger passed easily under the undermined fascia as far as it would reach—through behind the bones and down the limb.

There had been a good deal of hæmorrhage, and blood was still welling freely up through both wounds. Having injected about six ounces of carbolic acid and water—1 to 3—diffusing it as much as possible through the limb, so as to bring it freely in contact with the extravasated blood, and having with firm, yet gentle, manipulation, pressed away as much as possible of the blood and carbolic solution, I applied a three-fold piece of lint saturated with carbolic oil over the bleeding orifices, and over it the paste and a piece of sheet lead, retaining the whole *in situ* by a many-tailed bandage. The limb was then laid on its outer side, with the knee flexed and kept in position by sand bags. Two days afterwards a copious effusion of a sero-sanguineous character escaped from under the paste. This was wiped away with lint, and fresh paste applied. On the second day following, there was great diminution of the discharge, and I simply placed a double fold of lint, moistened with carbolic oil, over the paste, without disturbing it and the deeper dressings—the paste being left permanently.

The lint was renewed on alternate days up to the 14th of October, when, as there had been no exudation of any kind for several dressings, and the tumefaction had completely subsided, I put up the leg in starch with lateral pasteboard splints.

Thus far, very little uneasiness had been experienced in the leg,

and with the exception of some abdominal pain, which was relieved by a dose of castor-oil and laudanum, his general health was unaffected, and his pulse never rose to more than 80 beats a minute.

Exactly a fortnight afterwards, five weeks from the date of the accident, no complaint having been made in the meantime, I slit up the starch case, and, while removing it, pulled off the dressings entirely.

The part which had been covered by the dressings was moist, and presented a peculiar cheesy appearance, which, on examination, looked like inspissated blood partially deprived of its colouring matter. Having wiped this away with lint, the wounds were found perfectly healed, and the interspaces between the fragments could be distinctly traced with the finger.

There was a tolerable amount of union. The starch case was re-applied, and in every respect the limb made satisfactory progress after this date.

I have already occupied your attention too long, or I should have been glad to lay before you the notes of two other cases of compound fracture of the leg—a case of penetrating wound of the knee joint, and a case in which the muscles of the back of the thigh were very extensively bruised and lacerated by a buffer accident: all of which were attended with magnificent results. And many other cases I could adduce, in which I have found the antiseptic plan of very great value. My experience of its use proves to me that in it we have a remedy which, when rightly used, is almost invaluable to those gentlemen who, like myself, practise in neighbourhoods where railway and colliery accidents are of frequent occurrence, and where compound fractures particularly used to be regarded as a great tax upon a man's time, and the results were not so constantly of such a favourable kind as those obtained by the treatment under consideration. It must, I feel sure, be patent to every one who has given the plan a fair trial, that profuse and exhausting suppuration, pyœmia, and other evil consequences of severe accidents, are, by its use, reduced to a minimum, if not entirely averted.

Dr. Gibb recounted the particulars of the successful treatment of a case of syphilitic ulceration, with carbolic acid, after cauterization with potassa fusa had previously failed. Dr. Gibb also stated, that in the use of carbolic acid there was one evil, namely, lest the granulations, from excess of excitation, should become large and exuberant, but which was easily prevented by placing a piece of tinfoil between the carbolic acid dressing and the wound. The results, in Dr. Gibb's cases, had been very satisfactory, but not in the same degree as given forth by Lister.

REPORT OF CASES TREATED IN THE NEWCASTLE FEVER HOSPITAL DURING THE YEAR 1867-8.

By J. W. EASTWOOD, M.D.

The year under consideration was remarkable for the prevalence of contagious diseases, the numbers under treatment having been only twice exceeded since the establishment of the Hospital. The worst years have been 1847-8, 1865-6, and 1867-8.

During the year there were 400 admissions—216 males and 184 females, being an increase of 101 upon the previous year. Out of 400 patients, 322 recovered, 3 were dismissed, and 75 died—the mortality being 18·7 per cent.; or 20·3 per cent. for males, and 16·3 per cent. for females.

The following table shows the diseases and the results :—

Disease.	Sex.	Admitted.	Recovered.	Dismissed.	Died.
Typhus Fever	Male.	196	156	...	40
	Female.	175	145	...	30
Enteric or Typhoid Fever	Male.	1	1	...	...
	Female.	3	2	...	1
Continued Fever	Male.	2	2	...	...
	Female.	2	2	...	...
Febricula	Male.	6	6	...	...
Relapsing Fever	Female.	1	1	...	...
Scarlet Fever	Male.	4	3	...	1
	Female.	1	1	...	...
Small Pox	Male.	1	...	...	1
Erysipelas	Male.	1	1	...	...
	Female.	1	1	...	...
Ague	Male.	1	1	...	...
Phthisis	Male	1	...	1	...
	Female.	1	...	1	...
Pneumonia	Male.	1	...	...	1
Disease of Heart	Male.	1	...	...	1
Rheumatism & Purpura Hœmorrhagica	Male.	1	...	1	...
Totals		400	322	3	75

The admissions were most numerous in January, and fewest in April. In May, they were 27, with 6 deaths; in June 28, with 5 deaths; in July 34, 6 deaths; in August 24, 2 deaths; in September 39, 9 deaths; in October 46, 3 deaths; in November 33, 4 deaths; in December 34, 11 deaths; in January 53, 13 deaths; in February 34, 7 deaths; in March 31, 4 deaths; and in April 17, 5 deaths.

As to nationality, 279 were English; 90 Irish; 23 Scotch; 4 Germans, two of whom were Prussians, and one a Russian subject; 2 Swedish Finlanders, both Russian subjects; 1 Norwegian; and 1 United States of America.

The cases of enteric or typhoid fever, depending much less upon infection than upon putrid exhalations, were few and isolated, with one death. Out of the 400 admissions, 371, or more than nine-tenths, were cases of typhus fever—a disease which is so readily propagated by contagion, and greatly aggravated by over-crowding, and want of cleanliness and fresh air. Its favourite abode is small, poor, and dirty dwellings. Of the 371 cases, there were 196 males, with 40 deaths; and 175 females, with 30 deaths. Very many were admitted in a hopeless state; and remonstrances were repeatedly made on this subject. Seven died within 24 hours after admission; 1 in 6 hours; and 2 in 9 hours each. Four died within 48 hours, and 8 more within 72 hours. Besides these, others came to the Hospital only to die there. One boy, 14 years old, was found by his neighbours ill with fever, and in the same bed with the corpse of his aunt, who had died two days previously, without medical or other assistance.

Some of the worst cases came from the workhouse, 13 in number, with 5 deaths, and from the vagrant ward 19, with 5 deaths. From the north and west parts of the town there were comparatively few admissions, Prudhoe Street being excepted. The worst places in the south and east were—Sandgate and New Road, with their courts, Silver Street, Pilgrim Street, Tuthill Stairs, the Close, Pandon and Wall Knoll, Ouseburn, and Byker. Keelman's Hospital sent 7 cases, with two deaths. Whole families were attacked and brought to the Hospital. One family numbered 7 persons; 4 families, each 6 persons; 1 with 5; 5 with 4 each; and 11 with 3 each; besides many others with two persons of the same household. Of 1 family of 6, two died at home, and the rest came to the Hospital. Thus there were 89 admissions from 22 families. It is very obvious that if the first person attacked in each family had been brought early enough, no less than 67 persons would have been saved from typhus fever.

The following table shows the age, and other particulars, of those suffering from this disease.

Age.	Sex.	Admitted.	Died.	Per Centage.
10 years and under . .	Male.	19	...	..
	Female.	18	...	...
20 years and above 10 .	Male.	77	6	7·7
	Female.	60	4	6·6
30 years and above 20 .	Male.	47	5	10·6
	Female.	35	4	11·4
40 years and above 30 .	Male.	15	8	53·3
	Female.	29	9	31·0
50 years and above 40 .	Male.	23	9	39·0
	Female.	18	3	16·6
60 years and above 50 .	Male.	10	8	80·0
	Female.	10	6	60·0
70 years and above 60 .	Male.	5	4	80·0
	Female.	5	4	80·0

The most remarkable fact in this table is the great mortality amongst the male patients between 30 and 40 years of age, which is accounted for by the great severity of the cases admitted. Of the 8 deaths at that period of life, 4 had severe symptoms of cerebral congestion, or excitement, 2 had pneumonia, and one was a bad case from the Vagrant Ward.

Although the form of disease was virulent, and the numbers large, there is much reason to be thankful that of the staff of the Hospital all escaped infection, except one nurse, who was severely attacked shortly after being employed, but, fortunately, she recovered.

The disease ran the usual course, and the eruption, sometimes very dark, was observed in nearly every case, at all ages. Severe head symptoms, requiring special treatment, occurred in 22 instances; diarrhœa in 17 ; congestion of the lungs and pneumonia in 17 ; hœmorrhage from the nostrils, lungs, or bowels, in 7 ; convulsions in 5 ; gangrene of the toes in 5 ; and abscess of the parotid gland in 4 instances. Two female patients were delivered of sickly children, which died in one and two days after birth. One male patient, with commencing paraplegia on admission, recovered from the fever, and was removed to the workhouse a helpless paralytic.

The treatment adopted was not peculiar. Besides the usual necessary conditions of fresh air, suitable food and drink, and good nursing, without which no case can be well treated, the chief reliance was placed upon stimulants, counter-irritation, cold to the head, salines, the mineral acids, and sedatives. Spirit, in the form of whisky, was frequently given in preference to wine ; and the majority of the patients above 20 years of age were so much depressed by the disease, that they appeared to require alcohol in one form or other. It was often remarkable how much some patients

improved after removal to the Hospital, where the first conditions of recovery existed.

At several periods during the past year the pressure upon the accommodation afforded by the institution was so great, that some amount of over-crowding occurred, and more patients were actually received than the numbers to which the house had been limited. It was difficult to avoid this; yet had every applicant been admitted, the Hospital would not have served its proper purpose as a house of recovery, as well as of isolation, and the mortality of those admitted would have been increased. If the restricted numbers are rigidly adhered to, the amount of space per patient is not nearly so great as in more modern fever wards. In consequence of the refusal of patients, on only a few occasions, various remarks were made in the Town Council and elsewhere, by those who were not correctly informed on the subject. Besides those actually refused, some patients were, no doubt, prevented from being sent by the known want of further accommodation; and I believe that, had all been received, the numbers would have been nearly as great as in the year 1865-6. From Walker, none were received after November.

The subject of accommodation, and the present position of the Fever Hospital, with respect to the authorities of the town, has been brought by the physicians fully before the notice of the House Committee, and it is unnecessary for me to do more than allude to the fact. From a comparison between the last five years and the previous five years, it is evident that typhus fever has now become a fixed or endemic disease, instead of chiefly occasional or epidemic, as formerly. During the past five years there have been 1,698 patients admitted into the institution, averaging 339 each year; whilst during the previous five years there were only 325 admissions, averaging 65 each year. This state of things calls imperatively for some earnest efforts to remove, or greatly lessen, so formidable a disease, and thus to save many useful lives. This result can only be accomplished by carrying out sanitary improvements on a more extensive scale than heretofore.

In the early part of the year just closed, Mr. H. E. Armstrong succeeded to the duties of Resident Medical Officer, in the place of Dr. Arnison, and performed them with such intelligence and zeal as to justify my warmest approval. I had every reason to be satisfied with the activity and attention to the wants of the household, of Mrs. Routledge, the matron. Though there was some difficulty in obtaining suitable nurses, yet those who remained during the whole of this trying year, were attentive to their duties, and willingly bore their additional labour.

Dr. Philipson referred to the mortality from typhus fever, and contrasted the numbers with those of the year 1865-66, the years

in which he held office as physician to the Fever Hospital, when there were 298 admissions, of which 252 were typhus, with a mortality of 14·3 per cent., which was reduced to 10·4 per cent. after the cases admitted in a moribund condition had been deducted. Dr. Philipson was strongly in favour of the treatment of continued fever by remedies possessed of antizymotic power, instancing, more especially, the permanganate and phenate of potash.

Mr. H. E. Armstrong stated that, since the beginning of May, fully 100 cases had been admitted into the Fever Hospital; that he had been pursuing a plan of treatment similar to that employed by Dr. Eastwood; and that the mortality had certainly been less; but that he was inclined to believe that many of the cases had been milder in degree.

Mr. Mordey Douglas was in favour of the antiseptic plan in the treatment of fever, and had largely employed sulphurous acid.

NOTES OF TWO CASES OF BRONCHOCELE IN THE MALE.

By G. H. PHILIPSON, M.A., M.D., &c.

Bronchocele, as is well known, is much more common in women than men—indeed, in this country, it is seldom seen, except in the female. The occurrence of the disease in two youths has induced me shortly to recount the cases.

Case I.

James L——, aged 20, house painter, was admitted a patient, under my care, at the Newcastle Dispensary, on the 4th of February, 1868. At that time, the thyroid gland was considerably enlarged, the girth of the neck being 17 inches, the right half 9 inches. The enlargement was of eight weeks' standing. No blue line was present on the gums, nor was there any protrusion of the eye-balls. The hair was light, and he was of the sanguineous temperament. His mother and mother's sister, both had bronchoceles. He was ordered to take ℥xxx of tincture of iodine in water, three times a-day, and to rub iodine ointment into the swelling every night and morning.

March 3rd. The girth of the neck had diminished 2½ inches, the right half, 1½ inches. In addition to the iodine treatment, he was ordered sea-bathing.

April 4th. A further diminution of 2½ inches had taken place. He was not again seen.

Case II.

John O——, aged 18, solicitor's clerk, on 7th August, 1868, came under observation with bronchocele. For three years, the neck had been gradually enlarging, at first slowly, afterwards more rapidly. The girth of the neck was 18 inches, right half, 9½ inches. There was no thrusting forward of the eye-balls. The hair was dark, and he was of the phlegmatic temperament. His mother had never suffered from bronchocele, but his mother's sister had. He was ordered to take ℥xxx of the tincture of iodine in water, three times a-day, and to apply the iodide of potassium liniment to the swelling every night and morning.

September 7th. The measurement was 3 inches less.

October 4th. The girth had further diminished 2½ inches.

In addition to the sex of these two cases, they are of interest in consequence of the rapidity with which the enlargement was dispersed under the iodine treatment; from the right lobe being larger than the left, in both; and from the occurrence of the disease in near relatives of both, indicating something more than mere coincidence, and pointing to some hereditary influence.

Dr. Gibb extolled the green iodide of mercury ointment, and mentioned that the late Dr. White considered this application the most efficacious in goitre.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 4

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 7th DAY OF NOVEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	2	1	...	...	...	2	...	...	...	...	5	...	...	...	...	...	10		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	1	2	...	2	...	1	4	...	...	2	7	12	...	...	...	...	...	31		...	1	4	...	...	5		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	...	...	1		Croup	...	...
Diarrhœa	...	1	...	2	1	...	1	...	..	2	...	2	...	6	...	...	...	15		2	...	1	...	...	3		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1		1	...	...	...	...	1		Erysipelas	...	...
Continued Fever	..	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3		...	2	...	...	...	2		Continued Fever	...	...
Typhus	...	...	2*a*	1	...	...	...	...	...	...	...	...	2	...	...	...	...	5		2	2	2	1	...	7		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	5	...	1	...	...	...	...	...	1	...	...	...	...	...	7		...	...	...	...	1	1		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	2		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	..	3	2	...	1	5	...	1	...	7	1	5	...	...	4	...	...	29		...	1	...	...	8	9		Bronchitis and Catarrh	1	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	..	...	...	...	2	...	...	...	...	...	...	2		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	2	...	...	...	1	1	3	2	3	...	...	...	1	...	13		2	...	1	...	1	4		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...	...	2	...	...	...	1	...	...	1	...	1	5		...	...	1	...	...	1		Constitutional Syphilis	...	...
All other Diseases	...	4	5	10	1	...	...	14	10	13	2	14	...	18	16	15	11	133		15	9	23	...	23	70		All other Diseases	7*b*	...
Accidents	...	...	...	...	...	...	...	4	22	...	...	...	...	...	...	...	...	26		...	1	11	...	...	12		Accidents	1*c*	...
TOTAL	1	15	10	22	4	7	7	22	33	27	14	44	2	25	23	17	13	286		23	16	43	1	33	116		TOTAL	13	1

a Removed to Newcastle Fever Hospital. *b* 1 Hepatic Disease; 1 Cardiac Disease, Dropsy; 1 Cardiac Disease; 1 Old Age; *c* Fracture of Femur, Delirium Tremens.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. TANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
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10 Mr. H. E. ARMSTRONG.
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15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 45.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 14th DAY OF NOVEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	1	...	...	...	...	1	...	...	8	...	2	...	...	...	...	...	12		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	1	2	...	...	4	...	...	4	8	9	...	...	...	...	...	30		...	1	3	...	...	4		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	4		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	...	2	2	...	1	...	..	...	...	...	...	2	1	...	...	9		...	...	...	...	...	...		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	3		...	1	...	...	...	1		Continued Fever	...	1
Typhus	...	...	...	...	...	...	...	...	...	1	1	...	6	...	1	...	...	9		...	...	1	1	...	2		Typhus	...	...
Enteric or Typhoid	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...		Febricula	...	...
Ague	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	1	...	...	...	1	2	...	...	1	1	...	...	...	...	...	...	6		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	..	3	2	...	...	5	3	1	...	5	1	1	...	1	4	...	...	26		8	2	2	...	2	14		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	2	...	...	..	...	...	...	1	...	...	...	...	...	..	3		1	...	...	...	...	1		Pleurisy aud Pneumonia	1	...
Phthisis	...	...	1	...	1	...	...	2	1	2	3	1	...	2*a*	1	...	...	14		...	...	3	...	1	4		Phthisis	...	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	2	...	5		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	6	4	5	10	7	...	...	9	12	4	9	5	...	21*b*	26	12	13	143		21	8	14	...	22	65		All other Diseases	11*c*	...
Accidents	...	1	...	...	...	...	...	7	19	3	1	...	...	...	...	...	...	31		...	...	8	...	...	8		Accidents	2*d*	...
TOTAL	7	15	10	25	10	8	11	20	32	29	25	18	6	30	34	14	13	307		30	12	31	1	25	99		TOTAL	14	1

a 1 An In-Patient. *b* 3 In-Patients. *c* 1 Paralysis; 1 Tabes Mesenterica; 1 Old Age; 2 Cardiac Disease; *d* 1 Compound Fracture of Leg, and Fracture of Ribs; 1 Extensive Burns.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
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13 Mr. H. E. ARMSTRONG.
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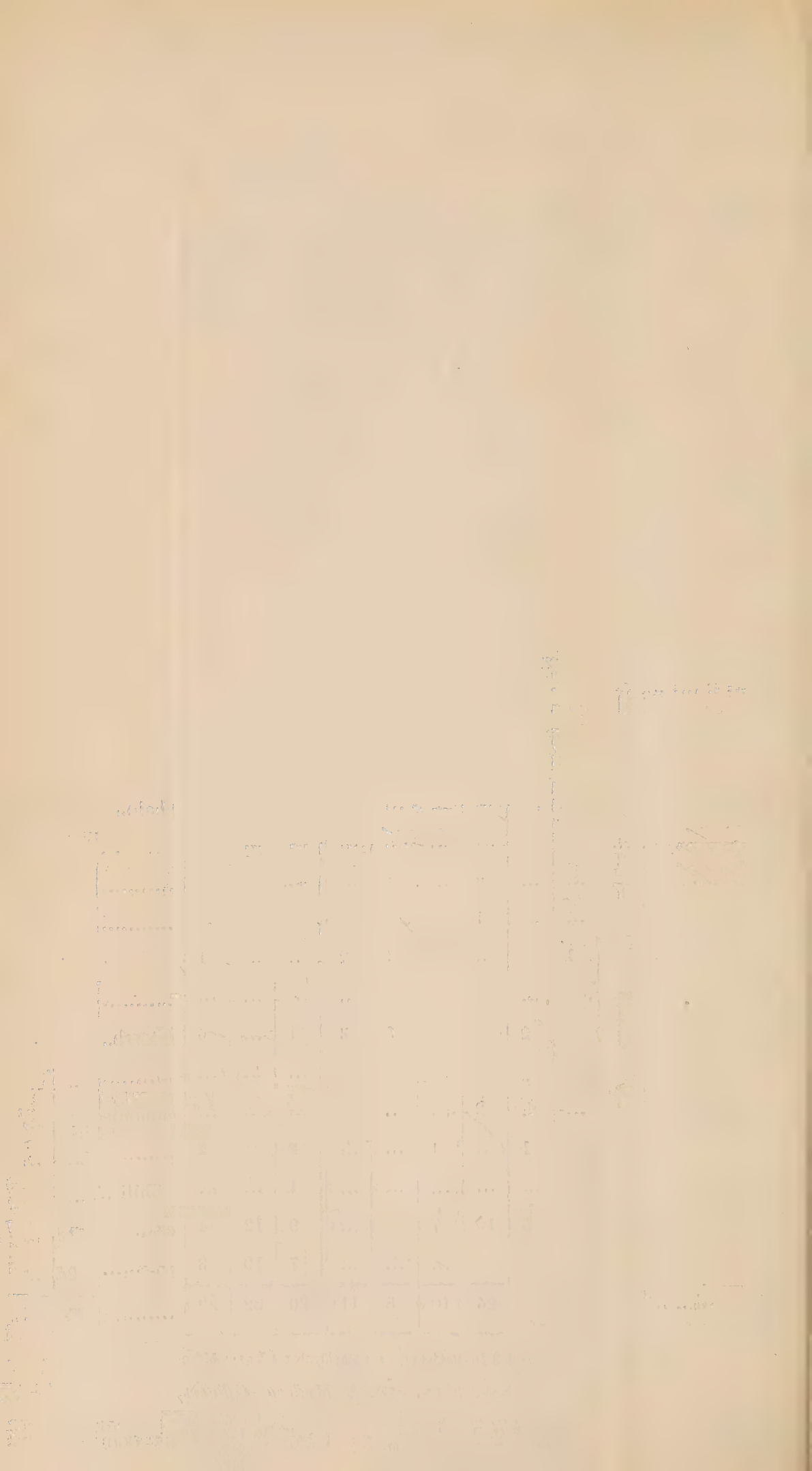
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 21st DAY OF NOVEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts. St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	Public Institutions. Infirmary. In-Patients. 8	Out-Patients. 9	Dispensary. Central. 10	Eastern. 11	Western. 12	Fever Hospital. 13	Children's Hospital. 14	Workhouse. 15	Vagrant Ward. 16	Gaol. 17	Total. For the Week.	Corresponding Week last Year.	GATESHEAD. Poor Law Districts. Western. 18	Eastern. 19	Public Institutions. Dispensary. 20	Fever Hospital. 21	Workhouse. 22	Total. For the Week.	Corresponding Week last Year.	DISEASES	DEATHS. Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	2	...	1	2	5	...	...	7	...	3	...	...	...	...	...	20		5	...	...	...	...	5		Measles	...	...
Scarlet Fever	1	1	...	1	...	...	4	...	...	4*b*	11	3	...	...	...	...	...	25		3	...	1	...	...	4		Scarlet Fever	3	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	2	1	...	1	...	...	...	...	...	...	...	1	...	...	5		2	...	...	...	2	4		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	1	...	...	2		Erysipelas	...	...
Continued Fever	..	4	...	2	1*a*	...	...	...	...	1	...	...	...	...	...	...	...	8		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	2	1	...	6	...	...	...	...	9		3	...	1	3	...	7		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2		...	...	3	...	...	3		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	..	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	1	...	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	..	2	2	2	5	4	2	...	...	9	4	5	...	...	1	2	...	38		6	2	6	...	4	18		Bronchitis and Catarrh	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	3	...	...	2	...	...	...	2	1	...	...	...	...	...	8		...	1	...	...	...	1		Pleurisy aud Pneumonia	1	...
Phthisis	2	...	...	...	...	...	1	3	...	3	2	3	...	1	1	...	...	16		2	...	...	...	1	3		Phthisis	1	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	2	5		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	...	8	5	11	5	4	...	15	10	6	7	8	...	18	25	14	9	145		21	6	11	...	20	58		All other Diseases	9	...
Accidents	...	...	1	...	...	...	...	7	29	...	...	...	...	...	...	...	...	37		...	1	6	...	...	7		Accidents	1*c*	...
Total	3	15	10	23	13	10	16	26	39	33	27	23	6	21	31	16	11	323		43	11	29	3	27	113		Total	15	0

a Sent to Newcastle Fever Hospital. *b* 2 In the same family, malignant. *c* Severe Scald, a child aged 2.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 28th DAY OF NOVEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	In-Patients. 8	Out-Patients. 9	Central. 10	Eastern. 11	Western. 12	Fever Hospital. 13	Children's Hospital. 14	Workhouse. 15	Vagrant Ward. 16	Gaol. 17	For the Week.	Corresponding Week last Year.	Western. 18	Eastern. 19	Dispensary. 20	Fever Hospital. 21	Workhouse. 22	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	...	...	...	1	...	...	5	...	2	...	...	...	...	...	9		3	2	...	..	...	5		Measles	...	...
Scarlet Fever	...	1	...	2	...	...	4	...	...	9	5	3	...	...	...	...	...	24		...	...	...	...	...	...		Scarlet Fever	5*b*	..
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	...	...	1		Croup	...	1
Diarrhœa	...	...	...	2	...	...	...	...	..	...	...	...	...	2	5	1	...	10		...	...	...	...	...	...		Diarrhœa	1*c*	...
Dysentery	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	1	...	...	...	1		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	5		...	...	...	...	...	..		Erysipelas	...	...
Continued Fever	..	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4		2	1	...	...	...	3		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	8		...	1	...	...	...	1		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	1	1	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	6		...	1	...	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	5	6	...	2	8	3	2	...	8	3	7	...	3	2	...	...	50		4	1	7	...	2	14		Bronchitis and Catarrh	...	...
Influenza	...	..	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	2	...	...	...	...	...	1	..	2	...	...	...	...	..	5		1	1	...	...	...	2		Pleurisy aud Pneumonia	1	...
Phthisis	1	1	...	2	1	1	...	1	3	3	...	1	...	...	...	...	1	15		...	...	1	...	...	1		Phthisis	3	...
Constitutional Syphilis	...	...	...	1	...	...	...	...	...	1	...	3	...	...	1	...	...	6		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	...	4	2	3	7	6	...	12	11	2	6	9	...	19*a*	24	6	13	124		15	8	13	...	14	50		All other Diseases	9*d*	...
Accidents	...	...	...	...	2	...	...	7	36	1	1	...	...	...	...	...	...	47		...	1	11	...	...	12		Accidents	4*e*	...
TOTAL	3	18	9	22	13	16	9	22	50	33	15	28	0	24	36	7	14	319		26	17	32	0	16	91		TOTAL	23	1

1 An In-Patient. *b* 1 Maligna; 1 with Convulsions; *c* aged 61. *d* 1 Cancer of Tongue; 1 Tubercular Meningitis; 1 Paralysis; 1 aged 80; 1 Debility, 3 days after birth. *e* 1 Compound Fracture of Leg; 1 Severe Burn; 1 Fracture of Leg, and Severe Injury to Spine.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

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Mr. JOHN HAWTHORN.

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22 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE Fourth Monthly Meeting of the Society, for the Session 1868-9, was held on Thursday, January 14th, 1869; Dr. GIBSON, President, in the chair.

The following gentlemen were proposed for election as members:

Mr. J. Gordon Black, Newcastle.
Mr. Samuel McBean, Newcastle.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SEVENTH REPORT FOR 1868.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the five weeks, from November 29th, 1868, to January 2nd, 1869, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns:—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks :—

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
December 5 ...	359	109	67	33	4	8
December 12 ...	357	121	65	26	8	5
December 19 ...	326	113	78	19	13	0
December 26 ...	286	104	67	20	3	0
January 2 ...	281	119	72	14	8	0

The total of the new cases of disease and injury, in Newcastle, during the time under consideration, in the first two weeks, suddenly increased, and afterwards greatly declined. The average of the five weeks is 306 against 309, the average of the four weeks of November, and 298, the average of the four weeks of October. In Gateshead, little change has occurred in the weekly numbers. The average of the five weeks is 113, against 105, the average of the four weeks of November, and 104, the average of the four weeks of October.

The seizures from the zymotic division of diseases, in Newcastle, have been almost stationary, and in Gateshead, have diminished. In Newcastle, the average of the five weeks is 70 against 76, the average for the four weeks of November, and 67 for October. In Gateshead, the weekly numbers have declined from 33 to 14.

Small-pox has been only once recorded in Newcastle. During the year 1868, in Newcastle, 4 cases were returned, and in Gateshead 2, no deaths.

Scarlet fever, in Newcastle, has not increased in prevalence, on the contrary, the disease has apparently declined ; in Gateshead, a rather sudden increase has occurred. In Newcastle, the total of the five weeks is 88, with 5 deaths, against 110 for the four weeks of November, and 103 for October. In Gateshead, the total is 35, with 3 deaths, against 13 for November, and 22 for October.

Diphtheria, in both towns, has been unrecorded. During the year 1868, in Newcastle, two cases of diphtheria were returned, one fatal ; and in Gateshead, one case, fatal.

Two cases of croup, in Newcastle, have been recorded, recovery in both. During the year 1868, in Newcastle, 21 cases of croup were returned, two fatal ; and in Gateshead, four cases, one fatal.

Typhus fever has been again more prevalent. In Newcastle, during the five weeks, 36 cases; and in Gateshead, during the first two weeks of December, 13 cases.

The total admissions into the Newcastle Fever Hospital amounted to 18, 15 typhus. In the corresponding period of 1867, the admissions from typhus were 36; in the same period of 1866, 24; and in that of 1865, 97.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied; in Newcastle, between 27 and 53; and in Gateshead, between 12 and 23.

Under phthisis, during the five weeks, in Newcastle, 67 cases have been returned, against 58 in November and 49 in October; and in Gateshead, 25 cases, against 12 in November, and 25 in October.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860; the number in public and private practice; and the annual rate of mortality in Newcastle; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
December 5	79	11 over.	18	61	32	0
December 12	75	7 over.	10	65	31	1
December 19	70	2 over.	18	52	29	2
December 26	80	12 over.	16	66	33	1
January 2	79	11 over.	12	67	32	2

The total of the deaths registered in Newcastle has fluctuated between 80 and 70. The average of the five weeks is 77, against 61, the average of November.

The registered number has always been over the corrected

average weekly number, in the ten years 1851 to 1860. The number has varied from 2 to 12 over.

The annual rate of mortality has varied from 33 to 29. The average rate of the five weeks is 32, against 25, the average of the four weeks of November.

The rate, during the thirteen weeks of the fourth quarter of the year 1868, has averaged 26·6 per 1,000 persons living, against 36·7 and 29·2 in the corresponding thirteen weeks of the years 1866 and 1867.

From the zymotic division of diseases, during the five weeks, 11 deaths occurred in Newcastle, of which 5 were occasioned by scarlet fever, and in Gateshead, 4, 3 by scarlet fever. In November, in Newcastle, 10 deaths occurred from zymotic diseases, and in Gateshead, 2.

From phthisis, during the five weeks, 10 deaths took place in Newcastle, against 7 in November and 8 in October. In Gateshead, one death, from phthisis, has been recorded, the first since May, in the public practice of that town.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
December 5	40·7°	45·6°	0·33
December 12	42·2°	47·6°	1·39
December 19	39·7°	47·5°	1·56
December 26	39·8°	44·2°	1·56
January 2	35·5°	41·0°	0·57

The weekly mean of the temperature, at Newcastle, has varied from 42·2° to 35·5°; and at Greenwich, between 47·6° to 41·0°, which is from 7·5° to 3·7° above the average of the last 50 years (as determined by Mr. Glaisher).

The rain-fall, at Newcastle, in December, amounted to 5·41 inches. In November, 2·58 inches fell.

The rain-fall, at Newcastle, of the year 1868, amounted to 25·67 inches, very nearly one-fifth of the whole having fallen in December. At Greenwich, the rain-fall of the year amounted to 25·2 inches, 0·4 inches less than in Newcastle, and 1 inch above the average of the 28 years, 1840-67.

At Newcastle, both in April and September, the rain-fall was a little over 3 inches; in May, June, and July, together, 1·44 inches, and with August superadded, only 3·71 inches.

Hereto, the weekly tables of diseases and deaths are appended.

Dr. PHILIPSON stated that the report was complete, no return being wanting. He hoped the gentlemen who supplied the returns would continue to do so with the same kindness and punctuality as before. He moved the following resolution, which was seconded by Dr. BURNUP, and carried by acclamation:—

That the thanks of the Society be accorded to the public medical practitioners of Newcastle and Gateshead, for their kindness in contributing their returns of "Diseases," whereby valuable "Reports on the Health and Meteorology of Newcastle and Gateshead" have been based.

The PRESIDENT thought much of the success of the undertaking was due to Dr. Philipson, without whose care in compilation the statistics furnished would be valueless. He, therefore, moved, that the thanks of the Society be accorded to Dr. Philipson.

The motion was carried by acclamation.

Dr. PHILIPSON responded in suitable terms.

PATHOLOGICAL TRAY.

Dr. HEATH exhibited a collection of urinary calculi, the results of a year's lithotomy—in all, twelve cases. Some he would dismiss in a few words, as there was nothing striking in the cases.

The first was a small stone, removed from the bladder of a little girl. In this case he had employed a novel method of dilating the urethra by sea-tangle tents. A small one was first introduced, and left for a few hours, and replaced by a larger one. In twenty-four hours the canal was large enough to allow the removal of the stone. This was in January last.

The next cases were in March, when small stones were removed from two children in the Infirmary, by lithotomy. These cases presented nothing remarkable.

The next was in May, when a stone was cut from a man, aged forty. Recovery in this case was slow. He had been under treatment in a neighbouring town for pain in the back, stone not having been suspected. The pain continued after removal of the stone, and was not relieved when he left the Hospital; its cause still remained obscure.

In July, there were two cases, one an oxalate of lime calculus. The only thing remarkable was the peculiar shape of the latter, which was studded with small points.

In August, he had two operations in one day. One a fine specimen of oxalate of lime from a boy; in the other there were two stones of urate of ammonia.

In November, 9 calculi were removed from a man of 78.

In December, a large stone from a boy of 12.

In the present month, one from a man of 57, and another from a child of 5, both still in the Infirmary, but doing well. Thus completing the year, every case had done well.

In the Infirmary, Dr. HEATH said, they had been very fortunate; there had not been a death for some years. Two points, which he thought contributed to this success in his own cases, were a large external opening, and a small internal one, dilated by the finger; and, secondly, that the forceps were used with great gentleness, no force being used whatever obstruction might be in the way, so that no bruising could take place.

In reply to questions put by several members, Dr. HEATH said, the after treatment was not peculiar. An ordinary tube was introduced, and left for 24 hours. The wound was dressed in the ordinary manner. The patient was carefully kept dry, the bowels regulated, and good diet allowed. He had not had so many cases of lithotrity as lithotomy. He could not at present say how many. In his own practice, he preferred lithotomy as being quite as successful, and the stone was removed entirely. In cases in which the bladder was diseased, crushing was very dangerous, although he had had a case, in an old man, with pus in the urine, in which a small stone was readily seized and crushed, and the patient recovered.

Dr. HEATH also showed a specimen of enchondroma removed from the thigh of a man. It was the second tumour removed, the first 18 months ago. This was deeply seated, and covered by the sartorius muscle, whose fibres were spread over it, and had to be divided. It was deeply seated over the course of the great vessels, the branches supplying it being very short. There was free bleeding from the vein after removal of the tumour.

Dr. PHILIPSON exhibited a specimen of congenital malformation of the kidney, with dilatation of the ureter, together with one of recent intussusception of the small intestine, both from a child,

aged 8. The kidney was much diminished in size, its fellow being greatly hypertrophied. The ureter was equal in magnitude to the small intestine, was filled with a dirty brown liquid, having a rank urinous odour, and was obstructed near the bladder by a firm membranous plug. The intussusception was an example of that form of invagination, which is not an uncommon occurrence, during the last moments of life, all appearances of reaction, as vascular injection and plastic effusion, being absent.

CASE OF TRAUMATIC TETANUS.

By Dr. GIBB.

A groom, aged 23, was admitted, from Nunwick, into the Infirmary, on the 30th of September, 1868, with severe compound fracture of the right tibia and fibula. There was an extensive wound caused by the ends of the bones cutting through the soft part of the front and sides of the middle of the leg, and as the bones would not approximate properly, chloroform was administered, and the projecting ends removed by the saw. The bones were placed in tolerable apposition, the leg steadied on side splints, and the wounds treated by Lister's carbolic acid dressings. An opiate was administered at nights, and a liberal diet prescribed. The leg remained quite quiet and easy for five days, when the dressings had to be removed in consequence of free suppuration setting in. On the tenth day, the bones had slightly slipped out of position, restlessness having set in, along with some inflammatory swelling of wound. Poultices were ordered. On the thirteenth day, an effort was made to place the leg in a better position on a sling splint; but although chloroform was given, it was found that the bones remained in a better position on the side splints.

On the fourteenth day, the wound looked sloughy. He complained of great pain in the leg, and undoubted symptoms of tetanus had set in. Pulse 120 weak; tongue clean and moist; the jaws quite stiff, the teeth separating only to the extent of a quarter of an inch, and the muscles of the neck and face also stiff and pinched. No spasms were experienced, the symptoms being entirely confined to stiffness of the muscles of the face and neck. The peculiar sardonic grin of tetanus was well marked; and, indeed, we had remarked the advent of the changed expression of the countenance during the whole of the preceding week.

He was ordered two grains each of opium and calomel, with half a grain of tartarised antimony, every four hours, and the wounds to be dressed with carbolic acid.

On the following day, the fifteenth, he was considerably improved. His jaws could be opened more easily; his neck was no longer stiff; the pain had left his leg; and he could swallow easily. The pulse was 104. His pupils were very greatly contracted, and he was quite under the influence of the opium, although not inclined to coma. The opium was ordered to be given only every eight hours, the calomel and antimony to be continued as before.

On the sixteenth day, he continued quite easy, but the jaw was rather more firmly closed.

On the seventeenth day, he still remained in much the same state—quite well, according to his account, having no pain, the wound looking clean, and no uneasiness of any kind experienced, the narcotic effect of the opium being well marked. Pulse 100. Secretions free and healthy.

On the eighteenth day, the symptoms remained the same, stiffness of the jaw being the only symptom of tetanus, along with an occasional difficulty in swallowing. The treatment by calomel, opium, and antimony was continued, there being no evidence of any mercurial affection of the system.

On the nineteenth day, no change was observable. In the evening, however, he was suddenly seized with spasms of the jaw, whilst his tongue was protruded. The tongue was caught firmly by the teeth; tetanic spasms of the neck and chest followed; and although the clinical assistant reached him almost immediately, and endeavoured to administer chloroform, with a view to release the tongue from the grasp of the teeth, he died before the chloroform had been inhaled, the spasm of the chest apparently preventing proper inflation of the lungs.

The autopsy was performed, on the 20th of October, very kindly by Dr. Philipson, and the following are the notes of the appearances :—

The spinal canal opened. The veins lying over dura mater not congested. The dura mater opened with scissors. Veins around spinal chord in cervical region scarcely to be discerned; in lower dorsal they begin to be visible, and from two inches above cauda equina appear fully distended. No clot or coagulum anywhere present. Spinal chord removed at the uppermost portion of the cervical region, and removed after division of spinal nerves, with cauda equina entire. No congestion of veins on anterior surface of spinal canal. Transverse sections from above downwards at intervals of a quarter of an inch apart. *Cervical* portions soft—almost diffluent. *Dorsal* firm, especially near lower portions. Lumbar again soft, in comparison to dorsal, but firm, in comparison to cervical portion. In lower dorsal region, grey matter more vascular than in cervical and upper dorsal.

Portions of chord preserved in dilute chromic acid, and forwarded to Mr. Lockhart Clarke, of London.

I was induced to resort to the calomel, opium, and antimony treatment in this case in consequence of the mild character of the attack allowing time for the specific actions of the drugs on the system to take effect, and believing, from experience, that the remedies exhibited were most likely to effect a cure; besides, there were no convulsions or spasms necessitating the speedy use of the more powerful anti-spasmodic and narcotic remedies. The unfortunate accident of biting the tongue would appear to have produced almost instant death, and the loss of a life which the treatment adopted appeared from its successful action every way likely to save.

This makes the fifth case of *traumatic tetanus* in the Infirmary within a short time, following each other so rapidly as to suggest an epidemic influence. The Infirmary, however, was never more free from pyæmia than during the occurrence of these cases; and, as Dr. Greenhow observed at a former meeting, when alluding to a similar occurrence in his experience at this Infirmary, it would be very interesting to know the real cause of so marked an outbreak of this fatal complaint. One of my colleagues has suggested that the use of so highly exciting an application as the carbolic acid to the raw wounds, in some of the cases, may have something to do with it.

Mr. Gammage mentioned a case in Sunderland, in which premonitory symptoms of tetanus appeared. Carbolic acid was freely used after the appearance of symptoms, and recovery took place.

Mr. Douglas thought the strength of the carbolic oil, as generally used (1 to 4), was too great. Mr. Douglas preferred a mixture with collodion in the proportion of 1 in 10, or 1 in 20.

Dr. Heath thought the tetanus in these cases was probably due to the great heat of the weather, as it was known that the disease was more common in hot climates. As regards the dressing, it was noted that tetanus much more rarely occurred after simple water dressing than after dressings of a more stimulating character, although in the cases related he did not look upon the carbolic acid as the cause. More probably it was due to some tearing or irritation of some nerve, this being a well-known cause of tetanus.

Mr. Davis remembered an epidemic of tetanus in the Infirmary some years ago, in which Sir John Fife blamed too long exposure of stumps to the air, and cold air blowing on the exposed surface. He thought there was some doubt in the country as to the proper strength of the various preparations of the acid.

Dr. Gibson wished it to be understood that tetanus was essentially a disease of debility.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF DECEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and P[illegible]	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	2	...	...	2	...	...	5	...	1	...	1	...	...	...	11		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	3	1	2	...	...	2	...	...	4	5	2	...	...	...	...	...	19		...	4	4	...	1	9		Scarlet Fever	2	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	1	...	...	1	...	...	1	...	1	...	1	...	...	...	5		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	...	...	...	...	..	...	...	1	...	...	2	2	2	7		...	1	...	...	2	3		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	..		Erysipelas	...	...
Continued Fever	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	2	...	...	...	2		Continued Fever	...	...
Typhus	...	2	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	4		...	3	...	5	...	8		Typhus	...	...
Enteric or Typhoid	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	...	...	1	...	1	1	2	2	11		1	3	2	...	...	6		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	4		...	...	1	...	3	4		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	2	...	...	3	3	...	...	4	2	4	...	1	4	...	1	27		2	...	1	...	2	5		Bronchitis and Catarrh	1	...
Influenza	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	1	...	...	1	...	...	...	..	1	...	...	...	1	...	..	5		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	...	...	2	...	...	6	1	4	2	3	...	...	...	...	...	19		1	1	2	...	3	7		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...	...	3	1	1	...	...	...	...	...	2	2	9		...	1	...	...	...	1		Constitutional Syphilis	...	...
All other Diseases	1	12	3	12	4	5	...	25	8	9	7	11	...	33*a*	35	9	23	195		20	5	15	...	15	55		All other Diseases	12*b*	...
Accidents	...	...	1	...	...	...	...	5	25	1	2	1	...	...	...	...	...	35		...	1	7	...	...	8		Accidents	...	...
Total	1	28	8	22	6	10	11	39	35	31	19	25	1	37	41	15	30	359		24	22	32	5	26	109		Total	18	0

a 4 In-Patients. *b* 1 Heart Disease; 1 Tabes; 1 Uterine Cancer; 1 Bright's Disease.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.

9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.

13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.

17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

nt Ward.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 49.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF DECEMBER, 1868.

DISEASES.	NEWCASTLE.																			GATESHEAD.								DISEASES	DEATHS.	
	Poor Law Districts.							Public Institutions.										Total.		Poor Law Districts.		Public Institutions.			Total.					
								Infirmary.		Dispensary.																				
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	...	...	...	...	...	...	5	...	4	...	...	...	...	...	10		...	2	...	...	...	2		Measles	...	...
Scarlet Fever	...	2	...	5	...	...	3	...	...	3	5	...	...	...	...	...	...	18		1	...	1	...	1	3		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	1	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	8		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	2	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	6		...	...	...	...	2	2		Diarrhœa	...	...
Dysentery	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2		...	...	...	...	...	..		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3		...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	1	...	...	...	1		Continued Fever	...	...
Typhus	...	1	...	...	...	...	...	...	...	3	...	...	4	...	...	...	...	8		...	...	2	3	...	5		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	1	...	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	6		2	2	2	...	...	6		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	4		3	...	...	...	3	6		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	3	5	2	1	3	3	1	1	7	3	11	...	...	...	...	...	41		2	4	3	...	2	11		Bronchitis and Catarrh	...	1
Influenza	...	4	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	2	...	2	...	1	1	...	...	1	..	...	...	...	...	1	..	8		...	...	...	...	...	...		Pleurisy aud Pneumonia	1	...
Phthisis	...	1	...	...	1	1	...	...	2	3	...	4	...	...	2	...	...	14		1	...	2	...	3	6		Phthisis	...	...
Constitutional Syphilis	...	...	...	...	...	1	...	1	...	1	...	1	...	1*a*	4	1	2	12		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	4	14	...	8	5	4	...	23	7	12	6	15	...	24	19	6	17	164		15	16	22	...	15	68		All other Diseases	8*b*	...
Accidents	...	...	1	...	...	1	...	7	37	1	...	...	...	...	...	...	...	47		...	1	9	...	...	10		Accidents	1*c*	...
Total	7	33	9	21	7	13	8	33	47	37	14	44	4	26	27	8	19	357		24	26	42	3	26	121		Total	10	1

a 1 An In-Patient. *b* 1 Carbuncle Exhaustion, aged 68. *c* Severe Burn, child.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

T. C. NESHAM.
H. W. NEWTON.
G. C. GILCHRIST.
JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
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14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF DECEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.										Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	6	...	...	1	...	...	4	...	...	...	...	...	...	...	12		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	...	...	...	...	3	...	...	1	7	1	...	...	...	...	...	14		2	2	5	1	...	10		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	1	...	...	3	...	2	...	1	...	...	...	7		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	1	1	...	1	...	2	...	..	...	...	...	...	4	...	1	...	10		3	...	...	...	1	4		Diarrhœa	1	...
Dysentery	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2		...	...	...	...	...	..		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	..	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Continued Fever	...	...
Typhus	1	3	...	2	...	...	...	...	...	2	...	1	4	...	...	...	...	13		...	...	...	...	...	...		Typhus	2	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	1	...	...	4	1	2	...	...	...	1	...	1	...	...	...	...	...	10		...	...	2	...	...	2		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	3		3	...	...	...	...	3		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	2	4	2	2	3	3	...	...	4	2	3	...	1	1	2	2	31		2	3	5	...	3	13		Bronchitis and Catarrh	2	...
Influenza	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	5		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	1	1	...	...	...	..	...	...	...	...	...	..	2		1	...	...	...	...	1		Pleurisy aud Pneumonia	...	...
Phthisis	...	2	1	...	...	...	...	2	...	2	1	2	...	2	1	1	...	14		1	1	3	...	1	6		Phthisis	1	1
Constitutional Syphilis	...	...	...	...	...	1	...	...	1	3	...	...	...	...	2	...	1	8		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	3	9	9	12	6	5	...	13	9	13	6	7	1	21	13	7	13	147		16	9	20	...	21	66		All other Diseases	10*b*	...
Accidents	...	1	...	...	...	...	...	10	29	1	...	...	...	...	...	...	...	41		...	...	8	...	...	8		Accidents	1*c*	...
Total	5	23	18	28	12	12	14	25	39	36	16	17	5	29	17	14	16	326		28	15	43	1	26	113		Total	18	2

b 1 Heart Disease; 2 Tabes; 1 Paralysis; 1 Epilepsy. *c* Severe Burn, aged 74.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. H. E. ARMSTRONG.
14 Mr. W. DODD.
15 Mr. N. HARDCASTLE.
16 Mr. N. HARDCASTLE.
17 Mr. N. HARDCASTLE.
18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.
21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 51.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF DECEMBER, 1868.

DISEASES.	NEWCASTLE. Poor Law Districts. St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	Public Institutions. Infirmary. In-Patients. 8	Out-Patients. 9	Dispensary. Central. 10	Eastern. 11	Western. 12	Fever Hospital. 13	Children's Hospital. 14	Workhouse. 15	Vagrant Ward. 16	Gaol. 17	Total. For the week.	Corresponding Week last Year.	GATESHEAD. Poor Law Districts. Western. 18	Eastern. 19	Public Institutions. Dispensary. 20	Fever Hospital. 21	Workhouse. 22	Total. For the Week.	Corresponding Week last Year.	DISEASES	DEATHS. Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	3	7	...	1	...	...	...	5	6	...	...	1	...	...	...	23		...	1	...	..	...	1		Measles	...	...
Scarlet Fever	...	1	...	3	...	...	3	...	...	4	4	...	...	...	...	...	...	15		4	1	2	..	...	7		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	2	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	5		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	1	...	1	...	...	...	...	..	...	...	1	...	1	1	...	1	6		...	2	...	...	5	7		Diarrhœa	1	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	..		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	1	...	...	...	...	...	...	1	1	...	...	...	1	...	6		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	3		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1		1	...	...	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	5		...	...	2	...	...	2		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	2		2	...	...	...	...	2		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	...	2	...	...	4	...	...	4	5	2	...	...	2	...	...	22		5	...	3	...	7	15		Bronchitis and Catarrh	2	...
Influenza	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	...	...	...	..	1	...	...	...	...	..	1		...	...	...	...	...	...		Pleurisy aud Pneumonia	1	...
Phthisis	...	...	1	2	...	...	...	...	...	4	1	...	...	...	1	...	...	9		...	1	...	...	1	2		Phthisis	4	...
Constitutional Syphilis	...	...	...	1	...	...	...	2	2	1	...	...	...	1	2	1	1	11		2	1	...	...	...	3		Constitutional Syphilis	1	...
All other Diseases	4	9	3	5	5	4	...	16	14	7	4	6	...	30*a*	16	7	10	140		17	16	6	...	19	58		All other Diseases	6*b*	...
Accidents	...	...	2	...	...	...	...	3	27	...	...	...	...	...	...	...	...	32		...	...	6	...	...	6		Accidents	...	...
TOTAL	4	23	9	27	5	7	7	21	43	26	21	14	1	35	22	9	12	286		31	22	19	0	32	104		TOTAL	16	1

a 1 An In-Patient. *b* 2 Heart Disease; 1 Convulsions, Dentition.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
6 Mr. W. A. TANSON.
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18 Dr. R. F. COOK.
19 Dr. G. DOUGLASS.
20 Dr. F. W. NEWCOMBE.

21 Dr. R. F. COOK.
22 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 52.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 2nd DAY OF JANUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.										NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			18	19	20	21	22					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	6	...	1	...	...	...	3	...	1	...	...	...	...	...	11		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	2	2	...	...	2	...	...	7	6	...	1	...	...	...	...	22		2	1	1	..	...	4		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	2		...	...	...	...	...	...		Hooping Cough	1	...
Croup	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	1	...	...	...	...	..	...	...	...	...	...	...	...	...	1		...	1	...	...	2	3		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	..		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3		1	...	...	...	1	2		Erysipelas	...	...
Continued Fever	..	3	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	5		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	2	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	8		...	...	...	...	...	...		Typhus	1	...
Enteric or Typhoid	...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	5		...	...	...	1	...	1		Enteric or Typhoid	...	1
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	1	2	...	...	...	1	...	...	...	...	...	...	...	8		2	1	1	...	...	4		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	...	1	...	...	...	2	...	...	7	4	5	...	...	2	...	1	22		...	1	5	...	10	16		Bronchitis and Catarrh	...	...
Influenza	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	2	...	...	...	...	...	1	..	3	...	...	...	...	..	6		...	1	...	...	2	3		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	1	...	...	1	...	1	1	2	...	4	...	...	1	...	...	11		2	...	2	...	...	4		Phthisis	2	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	5		...	...	...	...	1	1		Constitutional Syphilis	1	...
All other Diseases	4	10	2	6	2	3	...	14	11	8	5	5	...	16*a*	9	6	8	109		31	15	10	...	19	75		All other Diseases	6*b*	...
Accidents	...	3	...	2	...	...	...	13	32	1	...	...	...	...	...	...	...	51		...	...	6	...	...	6		Accidents	...	...
Total	4	29	8	23	3	8	6	28	44	35	15	22	7	17	14	9	9	281		38	20	25	1	35	119		Total	12	2

a 1 An In-Patient. *b* 1 Old Age 84; 1 Heart Disease; 1 Aneurism of Aorta; 2 Difficult Dentition.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. FANSON.
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22 Dr. R. F. COOK.

REMARKS ON THE LATE EPIDEMIC OF TYPHOID FEVER IN NORTH SHIELDS.

By ROBERT S. PEART, M.D.

[*Read before the Northumberland and Durham Medical Society, January* 14, 1869.]

During the late remarkably dry and hot summer, the public health in the neighbourhood of North Shields was, up to the end of September, unusually good.

Zymotic diseases prevailed comparatively little, and even diarrhœa was less frequent, and, excepting a few cases in which it took the form of intractable dysentery, less severe than in ordinary seasons.

Sporadic cases of typhoid fever appeared, as usual, in different parts of the town; but in Chirton, to the north-west, they were numerous, and in several instances fatal. The general drainage system of the town has, for about a year, been extended to this village. A neighbouring spring furnishes it with a copious supply of water, which, however, was, until the last four months, liable to contamination of various kinds in its course to the public pump.

The first appearance of an epidemic influence in North Shields was at the end of September, when cases of typhoid fever became more numerous; but its height was arrived at suddenly in the middle of October, when, speaking for myself, fresh seizures came under observation often at the rate of ten to twenty per day up to the end of the month, after which a rapid decline took place to the middle of November, and then there were comparatively few, although some occurred till the beginning of December. (*See* table.)

The most remarkable circumstances which require to be remembered, when investigating the causes of the epidemic, are—

1st. The sudden severity of the outbreak, in its affecting, almost simultaneously, large numbers scattered widely apart.

2nd. Its almost entire confinement to the upper and cleanest part of the town.

The distinction between the affected and non-affected parts of the town was, that the latter included the whole of the low lying streets by the river side, with the banks leading up from them, the

Low Lights at the east end of the town, and, at the west, all the district beyond Collingwood Street; these include chiefly the oldest, in some places most densely populated and dirtiest, parts of the town. The former included what was left, viz., the central part of the town above the bank edge, and the village of Tynemouth. But the line was so sharply drawn, that one was led to inquire if there were any other differences in the circumstances of the two divisions; and, on considering the water supply, attention was attracted by the fact, that the water furnished them was from different sources, the western and lower districts being supplied from the Ridges reservoirs, situated to their west, near Percy Main, and the rest of the town from others, here called Brock Farm reservoirs, a little to its north.

This fact was so remarkable that one was then led to inquire into the quantity and quality of the water supplied from the different sources, when it was found that, while neither the quantity nor quality of the water supplied to the healthy district was complained of, in the other, complaints were rife about both.

As regards quantity. The Brock Farm reservoirs are very little above the level of some of the streets and terraces supplied from them, so that unless the ponds are kept full, and only a moderate quantity is drawn from the lower parts of the pipes, the water does not rise to the taps of the houses, which are generally in their yards, and in some cases in their cellars. During the long drought of the summer, the reservoirs were very low, and a great deal of water was drawn from the pipes to wet the streets, in consequence of which, the inhabitants of these places, for many weeks, had no water at all supplied to them, but were dependent upon what they carried from a distance, or begged of their neighbours who lived below them. The supply of water in some parts of this district was certainly deficient during the summer, and it was shut off entirely from the whole of it at night.

Of the quality, as apparent to the eye, there can be no doubt, since it is impossible, without disgust, to drink it unfiltered, containing, as it often does, large quantities of suspended mud, besides water animals of various kinds and sizes. Yet impurities of these sorts might not cause sickness, and if there were nothing more suspicious one would perhaps be content to filter it, and hope for plenty; but, on referring to the sources of the water with which the Brock Farm reservoirs are filled, we find that one of them, Whitley Quarry, has been nearly empty, so that only two days' supply in the week could be derived from it, the other five days' supply being pumped up from a neighbouring pit, the lower workings of which have been flooded with water, and which has for several years been used as a source of this necessary. The arrangements down this pit were

examined by Dr. Bourne and myself on December the 15th, and we then found that, besides the water flooding the lower part of the pit, there were two springs of it in a coal seam which is now being worked higher up the shaft, which were disposed of in the following manner:—The water from the larger one, farther in the workings, after issuing from a fissure in the coal, ran through an iron pipe under the common tramway of the pit, and then as an open stream by its side, till it reached some disused workings, where it formed a pool, from which it was forced by a pump over a slight rise in the strata, whence it could run in a pipe and empty itself down the pit shaft amongst the other water. The force-pump here required a pony and boy to be kept employed all day close to the water, and from their badly ventilated working place there was certainly at that time no separate system of drainage, although one has been formed since, with a cesspool to collect the matters which are periodically removed out of the pit. I expect this water was liable to contamination, both while running alongside of the tramway, and while standing in a pool close to the boy and pony. The second and smaller runner, after forming first a pool, which was used by the seven ponies of the pit to drink out of, crossed under the tramway in the same manner as the other, and then ran in an open stream by the side of this till it poured down to the bottom of the shaft, where the pumps are placed, passing on its road close by the pit stables, small doorless recesses on each side of the way, and their cesspools, square holes cut in the floor with a close fitting lid, taken up as occasion required. This water would be liable to contamination in its whole course. But better arrangements have since been made, and it is now enclosed in pipes throughout; a large cesspool has also been made close to the shaft, to intercept all the drainage here, the contents of which, along with those of the other farther in the workings, are carried up to bank as fast as they collect, a man having been specially appointed to attend to this. The carrying of the sewage of the pit up the shaft, from the bottom of which the water is drawn, is not free from objection; and it is to be hoped that the Water Company's new shaft will be soon finished, and the necessity for using this pit, as a source of water, removed.

The water supply of the borough has been lately examined, and reported upon by Mr. Hawksley, who states, on the authority of Dr. Letheby, that the different waters are hard, with the exception of that from the pit. The Whitley Quarry water contains sulphate, and nitrate of lime, and chloride of sodium, in rather large quantities, with 0·010 grains of ammonia per gallon, and requires 0·026 grains of oxygen, to oxydise organic and other oxydisable matters in the same quantity. The pit water alone contains sulphate and

carbonate of soda, with little lime, but chloride of sodium, and ammonia in larger quantities than the others; the ammonia being 0·083 grain per gallon, and the oxygen required for oxydation 0·019 grain.

The Ridges water is hardest, contains rather less chloride of sodium, a little nitrate of lime, scarcely any ammonia, and requires rather more oxygen, 0·032 grain per gallon. The amounts of organic matter discovered were, in the Whitley water, 0.21 grain per gallon; in the pit water, 0·16 grain; and, in the Ridges water, 0·26 grain; but, with reference to the pit water, it is questionable how far it may vary in this respect at different times of the day, should the contamination occur at certain hours, as 400,000 gallons are said to be drawn in that time from a presumably limited area at the bottom of the shaft, which would, therefore, be soon cleared of any contaminated water it might contain; and, certainly, a few days' care in the pit would have an appreciable effect upon the quality of a sample of water afterwards taken for analysis.

Dr. Letheby concludes that none of the waters contain anything positively injurious, but the Whitley water might be, at any moment, charged with drainage matters, in an unoxydised state, and none of them are fit for domestic use. Although the use of the water, (which has been chiefly pit water,) supplied to the infected part of the town, has apparently had an influence in causing the outbreak of fever, for it is remarkable how the parties affected have been chiefly young people, who drank water freely; yet there have, undoubtedly, been other causes in operation, which would act locally in favouring its occurrence, such as bad drainage in a few places, and deficient supply of water for flushing in many parts; the advent of heavy rains after the long drought of the summer, with its accumulated dirt, which would be thus stirred up and put in a suitable condition for putrefaction, must also be considered. But these would neither account for the localization of the fever in a certain water district of the town, and its comparative absence in another district, and in the country around where it is generally met with, nor for its avoiding certain localities in the upper town, where the water supply is derived, not from the water company, but from wells, and, within the affected district, the cases, on being tabulated, are not found to be arranged in any regular manner, either as regards drainage districts, distance from the river, or elevation, &c. The influences determining the time of the outbreak, as shown in the annexed table, appear to be rainfall along with diminished temperature, which would, doubtless, check perspiration and congest the internal organs, so setting up a disease, to which the system would be

predisposed, and for which the necessary conditions had been previously in existence.

Week ending Saturday,	Number of fresh cases of Enteric Fever.	Inches of Rain Fall.		Mean Temperature of Air at Newcastle Lit. & Phil. Inst. (Fahrenheit.)
		Shields Low Lights.	Newcastle Lit. & Phil. Ins.	
September 26	4	1·70	2.21	51·9
October 3	3	·87	·67	48·1
,, 10	3	·36	1·08	48·1
,, 17	14	·23	·35	45·7
,, 24	96	·74	·41	39·8
,, 31	71	·15	·33	42·8
November 7	36	·79	·68	39·1
,, 14	21	·39	·42	39·0
,, 21	8	·24	·52	38·7
,, 28	2	·82	·96	41·0
December 5	5	·47	·33	40·7

With regard to the fever itself, this has been well marked typhoid, beginning with shivering, lassitude, pains in the limbs and head, slight wandering at night, loss of appetite, thirst, dry tongue, quick pulse, heat of skin, &c. The different cases so much resembling each other, in their early symptoms, that one could generally tell patients what they had gone through. A little later on, came diarrhœa, and rose-coloured spots, removable by pressure on the skin. The cases with eruption have been very numerous, and, although it was not looked for in all, it was very generally found in those of some degree of severity. The treatment consisted chiefly in keeping the patients cool, admitting abundance of fresh air to them, and giving large quantities of liquid nourishment, such as beef tea mixed with arrowroot, milk, &c., in most cases without stimulants, which seemed to affect the head; and many patients, after these had been given, only commenced to improve when they were left off, although some received benefit from, and could not do without them. The medicines given were chiefly salines—especially nitrate of potass, dilute sulphuric acid, &c. The complications were not numerous. The diarrhœa, if excessive, was generally easily restrained, by a few drops of laudanum added to the saline draughts,

for a day or two. Violent hæmorrhage from the bowels occurred in four cases, and was treated by sulphuric and gallic acids in large doses, and epistaxis, so as to require plugging, in two. All these recovered. Bed sores were neither numerous nor severe, nor did they prevent recovery. Head and lung complications were the most frequent and severe, and being generally combined, were the most common cause of death. The delirium and stupor, not amounting to insensibility, in most instances, seemed to be increased by alcholic stimulants, which were given to a greater or less extent, in all the severe cases, but under similar circumstances, again, I would be inclined to give less of them rather than more. The cases I attended from September 20th, to December 8th, 1868, numbered 264, and in these there were 14 deaths, including one where the fever coincided with childbirth, and another of cancrum oris. With regard to the total number of deaths from the fever, during the epidemic, I ascertained by a personal inspection of the Registrars' books, that between September 30th and December 9th, 1868, in the district supplied with water from the Brock Farm reservoirs, out of 169 deaths from all causes, 54 or 31·94 per cent. were from fever. In the district supplied from the Ridges reservoirs, out of 37 deaths from all causes, two were from fever, equalling 5·4 per cent. In Chirton, out of five deaths, one was from fever, equal to 20 per cent., and in the outlaying districts beyond the water supply, out of 22 deaths from all causes, one was from fever, equal to 4·54 per cent. Notwithstanding the presence of the epidemic, however, the total number of deaths registered in the last quarter of 1868, is 62 below the corresponding quarter of 1867, and little more than half that of 1866, which was a cholera quarter. The total for the year 1868, was 978, against 1082 for 1867, and 1159 for 1866.

NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

THE Fifth Monthly Meeting of the Society, for the Session 1868-9, was held on Thursday, February 11th, 1869; Dr. GIBSON, President, in the chair.

The following gentlemen were elected members:—

Mr. J. Gordon Black.
Mr. Samuel McBean.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FIRST REPORT FOR 1869.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the four weeks, from January 3rd to January 30th, 1869, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in union, charitable, and public institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
January 9 ...	431	136	82	22	5	1
January 16 ...	412	100	55	13	6	0
January 23 ...	429	133	66	29	7	0
January 30 ...	384	79	55	11	5	0

The total of the new cases of disease and injury, during the time under consideration, in Newcastle, has gradually increased. The weekly numbers have varied between 431 and 384. The average of the four weeks is 414, against 306, the average of December, 1868; and 309, the average of the corresponding four weeks of 1868. In Gateshead, the weekly numbers have changed but little. The average of the four weeks is 112, against 113, the average of December, 1868; and 88, the average of the corresponding four weeks of 1868.

The seizures from the zymotic division of diseases, in both towns, have perceptibly diminished. The weekly numbers, in Newcastle, have varied from 82 to 55; and in Gateshead, from 29 to 11. In Newcastle, the average of the four weeks is 65, against 70, the average of December, 1868; and 91, the average of the corresponding four weeks of 1868.

Small-pox has been once recorded. The case was admitted into the Newcastle Fever Hospital in the third week.

Measles and hooping cough, in Newcastle, have both been very slightly in force; and in Gateshead, wholly absent.

Scarlet fever, in both towns, has been stationary. In Newcastle, during the four weeks, 68 cases were returned, against 70, the corrected number for four weeks of December; and in Gateshead, 23 against 30.

Typhus fever, in Newcastle, has continued less prevalent; and in Gateshead, has only once been recorded in the four weeks. In Newcastle, during the four weeks, 23 cases against 39, the number corrected for four weeks of December, 1868. The total admissions into the Newcastle Fever Hospital amounted to 13—9 typhus. In the corresponding period of 1868, the admissions from typhus

were 49; in 1867, 22; and in 1866, 53. It has been further remarked, that at the Newcastle Fever Hospital, during the month of January, no death occurred.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 69 and 61; and in Gateshead, between 29 and 17. In the corresponding period of 1868, the highest weekly number, in Newcastle, was 65, and in Gateshead, 23.

Under phthisis, during the four weeks, in Newcastle, 96 cases have been returned, against 66, in the corresponding period of 1868; and in Gateshead, 28, against 34, in the same period of 1868.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860; the number in public and private practice; and the annual rate of mortality in Newcastle; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
January 9	83	14 over.	22	61	33	1
January 16	71	2 over.	22	49	28	0
January 23	69	equal with.	11	58	28	0
January 30	77	8 over.	23	54	31	0

The total of the deaths registered in Newcastle has fluctuated between 83 and 69. The average of the four weeks is 75, against 77, the average of December, 1868, and 69, the average of the corresponding four weeks of 1868.

The registered number—excepting the third week, when it was equal with—has been over the corrected average weekly number in the ten years 1851 to 1860, and in the first week was 14 over.

The annual rate of mortality has varied from 33 to 28 per annum, to 1,000 persons living. The average rate of the four

weeks being 30, against 32, the average of December, 1868, and 34, 42 and 27, the averages of the corresponding four weeks of the three years 1866 to 1868.

From the zymotic division of diseases, during the four weeks, 9 deaths occurred in Newcastle, of which 5 were occasioned by scarlet fever, and not one by typhus fever, against 34 in the corresponding four weeks of 1868, of which 4 were occasioned by scarlet fever and 22 by typhus fever. In Gateshead, from the zymotic division of diseases, no deaths have been returned; in the same period of 1868, 2 deaths were recorded from typhus and 1 from diphtheria.

From phthisis, during the four weeks, 11 deaths took place in Newcastle, against 5 in the corresponding period of 1868; and in Gateshead, not one, against 5 in the corresponding four weeks of 1868.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
January 9	40·7°	45·7°	0·67
January 16	39·1°	40·4°	0·09
January 23	38·5°	36·6°	0·18
January 30	37·7°	40·7°	0·37

The weekly mean of the temperature, at Newcastle, has varied from 40·7° to 37·7°; and at Greenwich, between 45·7° and 36·6°, which is from 9·7° above to 0·5° below the average of the last 50 years (as determined by Mr. Glaisher).

The rain fall, at Newcastle, in the four weeks, amounted to 1·31 inches. In the corresponding weeks of 1868, 2·34 inches fell.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Dr. HEATH introduced a man, from whom he had removed the left half of the lower jaw, which was shown with the skin and coverings attached. The disease was malignant, extending past the symphisis to the opposite side. The mucous membrane was affected. There was thickening of the periosteum, and ulceration of the skin.

Dr. HEATH said, that in such a case as this, the surgeon was placed in this position: he must either perform an operation not sufficient to remove the whole disease, or must perform one so formidable as almost to deter from the attempt. But any surgeon would choose the more formidable operation, rather than leave any disease behind. In this case the bone was removed, and with it a great part of the soft parts. The jaw was separated at the articulation, and the symphisis sawn through. Cloride of zinc was then applied to the parts left, and the wound drawn together. For a week afterwards, the patient was supported by enemata. He went on well. The wound at the back healed by first intention, in front it took some time to fill up. It was interesting to notice the jaw being drawn together as the anterior wound healed; and also to observe the tongue constantly seeking the opening in the front, and preventing the parts coming together; in consequence of this, a plastic operation was required, the edges were paired and pins introduced, by which the wound was healed, excepting only a small portion, which healed after a visit to the country.

The members present examined the patient, who presented very little appearance of such a formidable operation having been performed. The cicatrix along the jaw was nearly concealed by the beard. In the mouth, the remaining half of the jaw was seen to be drawn inwards so far that the teeth could not meet those of the upper jaw.

Dr. PHILIPSON exhibited a microscopical specimen of the enchondromatous tumour, presented by Dr. Heath, at the January meeting of the Society.

Dr. PHILIPSON stated that, on section, the tumour was found to be constituted of loculi of irregular roundish shape, filled with a firmly gelatinous, or rather pellucid, substance, the walls of the loculi being composed of a whitish fibrous tissue. Under the microscope, the gelatinous matter was seen to be composed of roundish or elliptic cells, containing granular nuclei, or secondary nucleated cells, in their interior.

Dr. PHILIPSON also presented a sheep's heart, which was enormously enlarged, from hypertrophy of the muscular tissue and deposition of fat on the interior. The hypertrophy was general,

and of the concentric variety. The mitral and aortic valves were considerably thickened and rigid. The muscular tissue was pale, had been microscopically examined, and was not undergoing fatty degeneration.

ON MENORRHAGIA.

By CHARLES GIBSON, M.D.

The subject of this short paper, Menorrhagia, is one of vast importance to every one engaged in the study of the diseases of women—*i.e.*, to almost every one engaged in the study and practice of medicine. Nevertheless, a comprehensive and altogether satisfactory reply to the question "What is Menorrhagia?" is not easily given. When a woman becomes the subject of profuse, inordinate, menstruation, the discharges recurring with regularity, she affords a typical illustration of the subject under consideration. But the history of a large number of such cases distinctly shows that this menstrual abnormality is but the initiatory step of a persistent uterine hæmorrhage, which observes no periodicity, and no perceptible exacerbation; and has no palpable association with the process of ovulation. On the other hand, uterine sanguineous discharges unassociated with ovular eruptions, and occurring at periods removed from those of sexual activity, not unfrequently similate the characters of the menstrual fluid.

Then, the menstrual fluid differs much from ordinary blood; and the discharge of it may be very profuse, may recur very frequently, or endure for a greatly prolonged period, without taking on a distinctly hæmorrhagic character—without presenting the characteristics of hæmorrhage properly so called. Doubtless, the normal menstrual discharge is rather a hæmorrhage than a secretion; blood cannot be secreted by blood; but the catemenial blood, as it is discharged in healthy women, is so mixed with secretions from the uterus and the vagina, that it has lost many of its true characters.

Menorrhagia is rarely, if ever, a disease *sui generis*, but, like diabetes or hæmoptysis, it is a manifestation of many and very various morbid conditions. One of the objects of this paper is to notice a few of the causes of which menorrhagia is only an effect—a few of the conditions of which menorrhagia is only one of the manifestations. Menorrhagia itself, however, may produce such distinctive effects that, even when quite periodical, it can so impair the vital power, and so disturb the functions of important

organs, that the sufferer may succumb to its indirect, and even to its direct agency.

Menorrhagia is most commonly manifested in diseases of a local character, but numerous conditions of the system generally are capable of producing profuse menstruation. And, just as constitutional disease is often the consequence of local causes, so the local causes not uncommonly generate constitutional disease. No better illustration of the latter need be given than that condition after delivery, wherein the involution of the uterus is incomplete. This generally occurs in persons of feeble health. There is want of physical tonicity—of reparative power, and the menorrhagia results because the uterus is large, loose, and gorged with blood, the tonicity of its vessels is greatly impaired, and the blood itself is so impoverished that it exudes with a fatal facility. Several illustrations of menorrhagia from this cause might be given. In one, after the disease had endured for a considerable time, tubercular disease of the lung, which had not before been suspected, gradually developed itself, and the patient eventually died from pulmonary consumption. In another, valvular disease of the heart manifested itself, anasarca followed, and the patient, after becoming greatly exhausted, suddenly died.

The condition of defective involution after delivery bears some analogy to those cases wherein, by hypertrophy of the uterine walls,—generally irregularly developed, the cavity of the uterus is abnormally large, and the quantity of blood circulated in the organ is much greater than is consistent with the healthy performance of its functions. The conditions of defective involution are likewise similated by cases wherein tumours,—fibroids, polypi, &c., grow in the cavity of the uterus. And it is very remarkable here how often women so affected will observe for long periods the true menstrual peculiarity, although in all, perhaps, in the course of time, non-menstrual hæmorrhages are set up. In illustration of this circumstance, let me note a case. The patient had borne several children at the full period, and had aborted subsequently. This patient for some time made little complaint, and the menstrual periods continued tolerably regular; but they afterwards became attended with greater and greater uneasiness in the back and hypogastrum, and with greater and greater abundance of discharge. At the time of my observation, the discharges were thick, dark coloured, mixed with clots, recurring at intervals, and attended with considerable tenesmus. Examination showed the cervix uteri rather short; the os not large, but unusually rounded, and the body of the uterus greatly increased in size. The sound passed into the uterine cavity with great difficulty, and for a short distance only. The cervix uteri, however, was successfully dilated, and a large tumour was readily found. This tumour, by a little manipulation, was made

to pass outwards beyond the uterus, and its points of attachment were found to be inconsiderable. The ecraseur charged with wire cord severed its connection with uterine wall, and the mass, a fibroid, was removed by the vulsellum. The uterus speedily contracted, and the menorrhagia completely passed away.

Many instances have now come under my observation wherein tumours in the cervix and in the corpus uteri have been detected and removed, in which the menorrhagic discharges have been more or less serious, and wherein the menstrual function has at once, or speedily, after the removal of the tumour, taken on the normal character. In some instances, the menorrhagia is manifestly set up and sustained by minute granulations or enlarged nabothian follicles, the removal of the menstrual irregularity instantly following the removal of the irritating bodies.

I pass over those varieties of disease—displacements of the uterus and malignant outgrowths and degenerations of tissue as causative of menorrhagia (of which it would be easy to record many instances)—to notice the effect of abrasions and ulcerations of the cervix uteri in developing menorrhagic discharges. There is, perhaps, no greater quackery practised among members of the medical profession—and it may be by persons who could well afford to be above actions so disreputable—than that which is perpetrated in connection with so-called ulcerations of the neck of the uterus; versions and flexions of the organ occupying a place only second to that of these ulcerations as the ostensible but not the real causes of disorders complained of. True ulcerations of the cervix uteri are exceedingly uncommon; abrasions of the mucous membrane of the cervix are exceedingly common. Probably few persons who have born children have passed through the child-bearing period without at some time having had abrasion of the cervix uteri; but probably very much fewer become affected with genuine ulceration of this organ, who, at the time, are not the subjects of specific disease. The menstrual irregularities of the grand climacteric, which, in delicate women especially, often continue for many months or for years, are occasionally associated with abrasions of the cervix uteri, and sometimes, probably, in the relation of cause and effect; but the instances where the menstrual irregularity depends, at such periods, in any palpable degree, upon the abrasion, are, in my thinking, as units to the tens or hundreds of cases where the abrasion is an effect of the menorrhagia, or of some present leucorrhœa. Caustics are in very general use for the removal of these so-called ulcerations; they are, doubtless, sometimes very useful, but it is not necessary for me to point out how injurious they often must be in those numerous cases where the injury to the mucous membrane is only an effect of the constitutional delicacy so constantly associated with the menstrual irregu-

larity, or of the discharges themselves, or of both combined. The rest so necessary to the relief of the local disease is, fortunately, the thing above all others needful for the relief of the wearied body which is struggling to maintain its oviparous functions; and of the engorged uterus upon which leucorrhœa often depends.

Nevertheless, abrasions of the cervix uteri are almost certainly sometimes the exciting causes of menorrhagia. Some women have a special sensibility of the sexual system, and this is sometimes associated with hereditary hæmorrhagic peculiarities. In such persons any irritant, or any strong excitement at or about the period, will produce menorrhagia; and this, again, speedily becomes a habit. It must, however, be admitted that, in some persons affected with abrasion, the menstrual irregularity continues while the diseased condition of the mucous membrane remains, however carefully the regimen of the patient may have been attended to; but that, so soon as the process of repair is brought to a successful termination, the menorrhagia disappears.

Then the ovaries are capable of setting up a degree of excitement in the pelvis generally, and in the uterus particularly, indeed in the whole system, which is unquestionably sufficient to produce menorrhagia. The whole woman is the outgrowth, as it were, of the ovaries. Her sexual peculiarities in mind and body are emanations of ovarian force. The process of ovulation is felt over the whole body, but it is felt in the generative organs especially; and of these the largest organ, the uterus, is particularly affected by it. The process of ovulation is intimately associated with changes in the condition of the uterus; and commonly the maturation of an ovule is accompanied step by step with increasing engorgement of the organ; with its enhanced development; with more or less destruction of its mucous membrane; and, finally, with the flux of menstrual fluid. Anything, therefore, which excites greatly or irritates the ovaries, may be regarded as capable of setting up menorrhagia: such as excessive or imperfect sexual intercourse, which may undoubtedly be regarded as largely influential in the production of ovarian irritation, and thence of excessive menstruation. The ovaries, again, may be regarded as centres of nervous influence; and the fibres of the sympathetic nerves, which are largely distributed to the uterus and to the ovaries, are the special agents of that vascular tonicity which is indispensable to the steady progress of the sexual functions; and the blood vessels of the uterus, under circumstances calculated to exhaust this nerve force, pour out an amount of blood which becomes disproportionate with the secretive activity of the uterus and vagina; and the menstrual discharge which may for a time have been apparently normal in quality becomes at last truly and palpably hæmorrhagic. In the ovarian forms of menorrhagia, it is remark-

able that these organs generally become very sensitive, and sometimes appear to increase in size. It is noteworthy, likewise, that many of these cases are preceded by dysmenorrhœa.

But the condition of exhaustion of sympathetic nervous power, to which reference has been made, may justly be considered rather a systemic than a local cause of menorrhagia. This condition may be brought about by many agencies: exposure to cold and moisture; strong mental impressions; great warmth as of tropical climates; bodily fatigue; the abuse of hot baths; prolonged ladation, &c. But the systemic causes of menorrhagia need not always be of a depressing kind; and, in fact, the menorrhagia need not always be considered of a morbific character (just as epistaxis and hæmoptysis are not always so), but rather the means by which nature, from time to time, effects relief from an engorged uterus —a pathological condition which we have seen to be general in menorrhagia, especially that which is often associated with woman's two grand climacterics—the commencement and the termination of menstruation. Still, it is certain that the systemic agents are commonly of a depressing character. Moreover, the conditions which effect vitiation of the blood, as Bright's disease, scurvy, &c., may be regarded as causative of menorrhagia. And, lastly, in the same direction, we should recognise the effect of hæmorrhagic and tubercular diatheses, and note the influence of agents calculated to prevent the action of the normal purifiers of the venous blood: pressure upon the ascending cava; obstructive disease of the heart; diseased conditions of the liver and lungs, &c.

THE TYPHOID EPIDEMIC OF NORTH SHIELDS, OF OCTOBER, 1868. ITS CAUSE OR CAUSES.

By J. B. BRAMWELL, M.D.

Mr. President,—

My reasons for reading this paper are the following:—

1st. I rather feared Dr. Peart's paper would lead the Society to think that polluted water was the great exciting cause of the epidemic, and that due prominence was not given to the other causes, in my opinion, of greater import; and

2nd. Because this impression of his paper, followed by Dr. Philipson's remarks on the water of Shields, lead me to speak so as to leave the impression that I excluded altogether the idea of water poison.

I would, therefore, commence this paper by admitting that the utmost suspicion was at once directed to the water as the cause of the epidemic, for the two reasons—1st, because the epidemic was confined, as an epidemic, to that region of the town supplied by water from the Brock Farm reservoir. Indeed, were I to speak from my own practice, I would say that not more than 1 per cent. of my cases were out of that region, if we exclude, as I think we ought to do, the villages round Shields. I would here correct one error which Dr. Peart made as to the severity of the epidemic in this region, which he stated to be as 17 to 1, by pointing out that he has not made allowance for the difference of population in the two districts. The population of Tynemouth township, with that portion of Chirton township (viz., Mr. Lietch's ground) supplied by Brock Farm reservoir, amounts to 18,500 compared to Shields township, 8,500, being $2\frac{1}{4}$ times more, thus altering his figures to 8 to 1, or rather less. Then, 2ndly, because it was admitted by Mr. Taylor, the viewer of Preston pit, that the water derived from the pit was liable to contamination to a certain, though unascertainable, amount, and which statement Dr. Peart and Dr. Bourne verified by personal examination of the pit.

I would here take the opportunity of bringing before the Society the sources of the water supplying the two districts.

1st. The Brock Farm reservoir, which supplies the affected districts, derives its water from Whitley Quarry and Preston Pit. These waters have both been in use for many years. That from the Whitley Quarry rises directly from the magnesian limestone, and is, of course, very hard. It has been, for twenty years past, the principal source of supply. The analysis made recently by Dr. Letheby showed that it contained about 7 or nearly 8 grains of nitrate of lime. Yet, I feel assured, it cannot be looked on as the cause of the epidemic, as it must otherwise have excited an outbreak of fever in Whitley and Cullercoats, which are entirely dependent on it alone, and where the population amounts to 1,300 or 1,400.

Then, the 2nd source is the Preston Pit. Here again the water, on analysis, shows nothing objectionable, except a little chloride of sodium. No impurity of an organic nature was detectable, and yet it is this water which is liable to pollution from the urine of the ponies used in the pit, and the point for our consideration is, whether this pollution was of sufficient virulence to be the active cause of the epidemic. And here I think it difficult to reason, as the only estimate I have been able to form of the amount of urine which might be mixed with the water raised appears too infinitesimal—according to Dr. Bourne, 1 gallon in 800,000—*i.e.*, 1 drop in 80 pints. But, then, this might be multiplied by fermentation,

or other chemical or organic process, before reaching, or even in, the human body. I throw aside, therefore, reasoning on the smallness of the pollution, and look with suspicion on the water—remarking here, however, that it has been used for eight or ten years past, though not in nearly so great a quantity as during the last year; but that, for three or four months previous to the outbreak of fever the same amount was drawn from the pit, and that during that time the health of the town was exceedingly good.

In the whole of this district the supply of water was scanty, but more especially in the upper parts of the town.

The districts which escaped the fever were Milburn Place and the Low Street, extending to the Low Lights, all in the township of Shields, and all supplied from the Ridges reservoirs, the waters of which are also very hard, but free from organic impurity, and also, which I may state, are in a measure filtered by passing through the walls which divide the reservoirs.

The supply to this district was throughout the summer good—indeed, equal to that of former years.

Having thus examined the water supply, I would direct your attention to the drainage of the two districts. In North Shields township, the main drainage is good, the water supply, as I have stated, plentiful. There are, however, very few of the houses furnished with water-closets; the number, I have ascertained, to be in all 60—20 only of which, however, are inside the houses, the remaining 40 being on the common stairs or banks leading from the upper to the low town, or in yards. The number of houses, altogether, in the low town and Milburn Place, supplied with water, is 900. I believe I may state here, that few drains open in any of these houses—a marked contrast to what I will point out as the case in the other district.

The township of Tynemouth, and that part of the township of Chirton situated near the Railway Station, are all well drained as to the main drains; but the house drains, built, in most cases, by small builders, and without inspection, are very imperfectly laid. The whole district suffered from a scanty supply of water. The number of houses supplied with water is 2,260. The number of water-closets, 440, about 350 of which are inside the houses, and very many have sinks on the lower flat, even where the water-closets are outside. The water-closets in the higher levels of the town were often, for days together, unsupplied with water, and also many of them, for weeks together, when they were on the second or upper storey of the house. The proportion, then, of water-closets in the two districts is:—In affected district, the upper town, 440, of which 350 are inside of the houses; the lower town, 60, only 20 of which are inside of houses. A similar pro-

portional number, 17 to 1, as noted by Dr. Peart as the result of his examination of the mortality table.

Such being the state of the water supply, I would now point out that the whole affected district is on the bank top, very much above the sea or river level. Now, all the main drains open into the river, and are, of course, twice a day closed at high tide by the water rising into them. Thus they are completely sealed, as there are no ventilating shafts or other means of escape for foul air, which is, therefore, driven by the tide, by the pressure of strong winds against the open mouths of the drains, or naturally rises to the higher level. Every time, at the hours of high water, that a water-closet is used, the air displaced by the water either at once rushes into the house, or finds an exit at any imperfect trap in street or house. This point of the level of the district, so imperfectly supplied, exercised, in my opinion, a material influence as exciting cause of the fever.

But it will strike every one that this state of the drains, except as to the scantiness of water, has been in existence for years, equally as the foul water. Then, how account for the suddenness of the outbreak of this epidemic? And this, I think, is to be explained by the long drought of the summer, followed by sudden falls of heavy rain. I have ascertained, from tables in the Rev. Mr. Wheeler's possession, that, after three or four months of excessive drought, we had over North Shields a heavy fall of nearly one inch (0·96) of rain on September 25th; and, again, a second heavy fall of nearly $\frac{3}{4}$ of an inch on the 3rd of October. And to these falls, acting on ground unmoistened for months, and passing through imperfectly sluiced drains, rousing into an active state the excrementitious matters lodging on the ground and in the drains, do I ascribe the outbreak. The epidemic began about the 15th of October, and was very severe by the 17th or 18th. Thus, if this explanation is true, just leaving the necessary time for these putrefactive matters, thus roused into activity, to be carried into the human frame and generate the fever, very possibly the drain poison acting more especially on those persons drinking water to some extent contaminated.

I am very unwilling to draw any conclusions from individual cases or households suffering from the fever where the water was used, but no drains or water-closets opened into the houses, as I cannot believe that the poison would confine itself to houses, but must have been generally diffused through the atmosphere of the town; and, moreover, these individuals would assuredly visit in houses with drains or water-closets in them, and might there have imbibed the poison. Moreover, cases did occur in persons not partaking of the water, and living in houses free from drains. All such

cases require careful examination and classification before being used in argument. But there is one building free from drain-poison. It is almost isolated, and all its water-closets and dry earth-closets, except one, are without the building. Moreover, all the outside drains were kept well sluiced. That building is the Poor-house, in which, during the time of the epidemic, there were 358 inmates, 205 adults, and 153 children up to 16 years of age. Now, all these continued the use of the suspected water, that being their sole source of supply, and yet no case of fever arose amongst them. I have examined the arrangements of the water-closets, &c., and found them in a state most creditable to the Guardians. The only water-closet opening inside the house is in the master's department, its use confined to himself and the matron, and it was well supplied with water by a force pump. I attended four cases in the house nearest to this, but in that is a water-closet on the second storey, and, therefore, ill supplied with water. The numbers in the case of the Poor-house, I think, warrant the inference that the water of itself was not sufficient to account for the epidemic. And it is doubtful what amount of influence it did exert, as I think I have pointed out influences sufficiently potent and sufficiently apparent to account for the epidemic otherwise. The great argument I cannot, however, confute, that the water was liable to impurities, and that the epidemic was almost confined to the districts supplied with this suspected water. It is only by carefully weighing the force of the other influences that determine my opinion that the epidemic was essentially of drain origin—*i.e.*, a drain fever.

Dr. Peart said all his fatal cases, and the great majority of the rest, had occurred in houses where there were no water closets. Out of 37 deaths, from all causes, in districts not supplied with the suspected water, only two were due to fever; whereas, in the district which was so supplied, there had been 54 deaths from fever, out of a total, from all causes, of 169. As regarded the circumstance of fever only now being caused by the use of water from the Preston pit, the proportion of this water used had previously been smaller. He believed the contamination of the water with urine and excrementitious matter, in the pit, was much greater than Dr. Bramwellsupposed.

Dr. Philipson was strongly of opinion that the water was the primary cause. Some hundreds of cases occurred suddenly in one part of Shields, which was wholly supplied with this water, the fever being typhoid, of the relapsing variety. These were all important facts. There was a special fever confined to one part of the community. Had it been all over Shields, the case would have been very different, but its localisation was a strong argument in favour of water being the cause. Dr. Philipson said Mr. Hawksley

had called it jungle fever, and had given his reasons for holding that opinion; but he thought the *Lancet*, in a recent article, had clearly shown that such an idea was untenable.

Mr. A. M. Scott (North Shields) said the majority were agreed that the article in the *Lancet* showed great ignorance of local matters. He felt very strongly that no pollution of the water had ever been proved. It had certainly been said that, in the Preston pit, it might occur; but nothing had been found on analysis. The same had been the case in cholera times. As to the fever being confined to the district of a certain water supply, Dr. Bourne had shown that the boundary line did not exactly coincide with that of the water supply, but rather with a certain kind of drainage, as shown by Dr. Bramwell. He (Mr. Scott) had seen 25 cases in the Low Street, none fatal, but some of them of a most severe character. He had seen none in Tyne Street, and yet it was supplied with the suspected water. During the hot weather preceding the epidemic, the condition of the drains was such that fever might have been predicted by the smell which proceeded from them; and none of the houses where this offensive smell existed had escaped. He thought the fever arose from the sewers becoming charged during the dry weather, in the parts of the town affected, and the sewage matter being afterwards stirred up by the onset of rains. He doubted if the fever was true typhoid—of which he had seen a great deal in Glasgow—the symptoms not being characteristic, but in many cases being those of what he would call bilious fever, such as bilious vomiting, diarrhœa, and, in some cases, jaundice.

Dr. Peart said the fever he spoke of was undoubtedly typhoid, and he and Mr. Scott were apparently speaking of different things. His cases were well marked typhoid, and he had seen several cases in Tyne Street. All the cases he had seen in the district supplied from the Ridges reservoir (uncontaminated) had occurred in children who went to school in the other district, and drank from the fountains supplied with the suspected water.

Dr. Embleton thought, from all reports, the fever was typhoid. Now, all medical authorities are agreed that this disease arises mainly from drainage emanations which could be inhaled; the drainage was known to be bad, but the water had not been proved to be impure. He wished to ask, what were the offensive matters introduced into the water, if the water was impure? He thought, if the matter was closely examined, that both parties might be brought to an agreement, as, he thought, the epidemic probably arose from the combined action of both causes—contaminated water and sewage exhalations.

Dr. BRAMWELL must acknowledge that he had not seen more than one per cent. of cases in the district supplied with the Ridges water. He had also had cases in Tyne Street. His cases were undoubtedly typhoid, but he had seen some with jaundice and bilious vomiting, which ran into typhoid, and some severe cases had purging of blood. He believed that the foul drainage and the suspected water supply were almost conterminous.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 1

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 9th DAY OF JANUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.												Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																				
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	5	2	...	...	...	...	...	3	4	...	...	...	...	...	...	...	...	14		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	2	2	...	...	2	1	...	...	4	3	3	3	...	...	...	...	...	...	20		3	3	1	..	...	7		Scarlet Fever	3	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	6	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	9		...	...	...	...	...	...		Hooping Cough	1	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	3	2	2	2	11		...	...	...	...	2	2		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	3		1	...	...	...	1	2		Erysipelas	...	...
Continued Fever	..	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4		...	...	...	...	...	...		Continued Fever	1	...
Typhus	...	...	1	...	...	...	1	...	...	1	1	...	...	...	1	...	...	...	...	5		...	...	...	1	...	1		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	2		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	1	...	...	6		...	3	2	...	2	7		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	3	1	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	7		...	...	1	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	4	...	5	2	1	3	3	2	...	4	8	6	...	9	...	3	4	2	...	56		6	3	7	...	2	18		Bronchitis and Catarrh	...	...
Influenza	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	...	...	3	...	...	1	1	...	1	2	...	1	...	...	...	1	...	..	10		...	2	...	...	...	2		Pleurisy aud Pneumonia	2	...
Phthisis	...	2	1	1	...	1	...	...	1	1	1	2	...	6	...	...	...	1	1	18		1	1	2	...	1	5		Phthisis	6	...
Constitutional Syphilis	...	...	...	...	...	...	...	1	...	...	...	...	...	5	...	1	3	1	...	11		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	1	10	2	5	4	5	...	21	14	10	6	8	2	38	...	24*a*	33	10	14	207		22	13	20	...	20	75		All other Diseases	8*b*	...
Accidents	...	1	1	...	...	...	...	8	30	1	...	...	...	3	...	...	...	...	...	44		...	...	16	...	...	16		Accidents	1*c*	...
Total	6	20	20	21	5	11	6	33	45	27	27	24	12	62	2	31	44	17	18	431	327	33	25	49	1	28	136	138	Total	22	...

a 1 An In Patient. *b* 1 Old Age; 1 Bright's Disease. *c* Severe Burn.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 16th DAY OF JANUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions. Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS.	
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5		...	...	...	..	...	...		Measles	1	...
Scarlet Fever	...	1	...	...	...	...	6	...	...	3	2	3	3	...	...	...	...	...	...	18		2	...	...	..	...	2		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	5	...	...	...	7		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	2	3	...	...	7		3	...	...	...	1	4		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	..		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	...	1	...	...	...	...	...	...	...	..	...	...	...	...	...	...	1		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	...	1	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	6		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	1	...	...	1		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	3		2	...	2	...	1	5		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	1	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	4		1	...	...	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	...	4	2	...	2	3	...	1	6	8	7	1	8	...	1	6	...	...	49		3	3	5	...	3	14		Bronchitis and Catarrh	1	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	3	1	2	...	1	...	1	...	1	2	...	...	...	...	...	...	...	..	11		1	...	2	...	...	3		Pleurisy aud Pneumonia	2	...
Phthisis	...	1	1	2	...	1	...	4	2	1	1	3	2	5	...	2	2	...	...	27		1	...	4	...	...	5		Phthisis	4	...
Constitutional Syphilis	...	...	...	2	...	...	...	1	...	2	1	...	...	2	...	...	4	1	3	16		...	...	...	...	1	1		Constitutional Syphilis	...	...
All other Diseases	6	8	2	15	2	6	...	13	6	9	6	7	3	35	...	42*a*	28	10	15	213		15	10	22	...	10	57		All other Diseases	13	...
Accidents	1	...	...	...	...	...	...	5	33	...	...	...	...	1	...	...	...	...	...	40		...	...	7	...	...	7		Accidents	1	...
Total	8	16	10	28	4	10	9	24	42	27	20	22	11	51	5	52	43	12	18	412	350	28	13	43	0	16	100	77	Total	22	...

a 3 In Patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
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17 Mr. N. HARDCASTLE.
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19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 23rd DAY OF JANUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.												NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																				
	St. Andrew's.	Jesmond, Heaton and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1*b*	...	...	...	...	1		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	4	3	1	...	...	...	...	...	7	...	...	...	...	...	...	...	...	15		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	1	2	1	...	1	4	...	...	2	1	...	1	...	...	...	...	...	...	13		2	7	3	..	...	12		Scarlet Fever	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	5	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	9		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	...	...	...	...	..	...	...	...	...	1	...	1	1	...	...	3		1	...	...	...	1	2		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	1	...	...	1		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	5		1	...	1	...	...	2		Erysipelas	...	...
Continued Fever	..	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	3	1*a*	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	7		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	2	...	...	...	1	...	...	...	...	1	...	...	...	...	4		1	1	4	...	...	6		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	1	...	...	5		2	...	...	...	4	6		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	5	4	2	...	...	4	3	...	10	8	9	2	10	...	3	4	...	...	64		7	2	14	...	5	28		Bronchitis and Catarrh	1	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	3	...	...	2	...	...	...	...	...	...	...	...	...	...	...	..	6		1	...	...	...	...	1		Pleurisy aud Pneumonia	1	...
Phthisis	1	...	1	...	...	1	...	2	1	2	3	1	...	13	...	1	2	...	...	28		1	1	6	...	3	11		Phthisis	...	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	...	2	..	...	7		...	...	1	...	1	2		Constitutional Syphilis	...	...
All other Diseases	2	8	4	6	5	2	...	20	9	10	9	8	1	49	1	42*c*	24	7	16	223		10	8	19	...	7	44		All other Diseases	7*d*	...
Accidents	1	1	1	...	1	...	...	5	24	1	...	...	...	...	...	...	...	...	...	34		...	...	18	...	...	18		Accidents	2*e*	...
TOTAL	4	23	17	21	7	7	14	30	34	29	30	23	5	77	4	47	34	7	16	429	298	26	19	67	...	21	133	72	TOTAL	11	...

a Removed to Newcastle Fever Hospital. *b* Confluent and severe, twice vaccinated. *c* 4 In Patients. *d* 3 Old Age. *e* Severe Burn.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
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20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 4

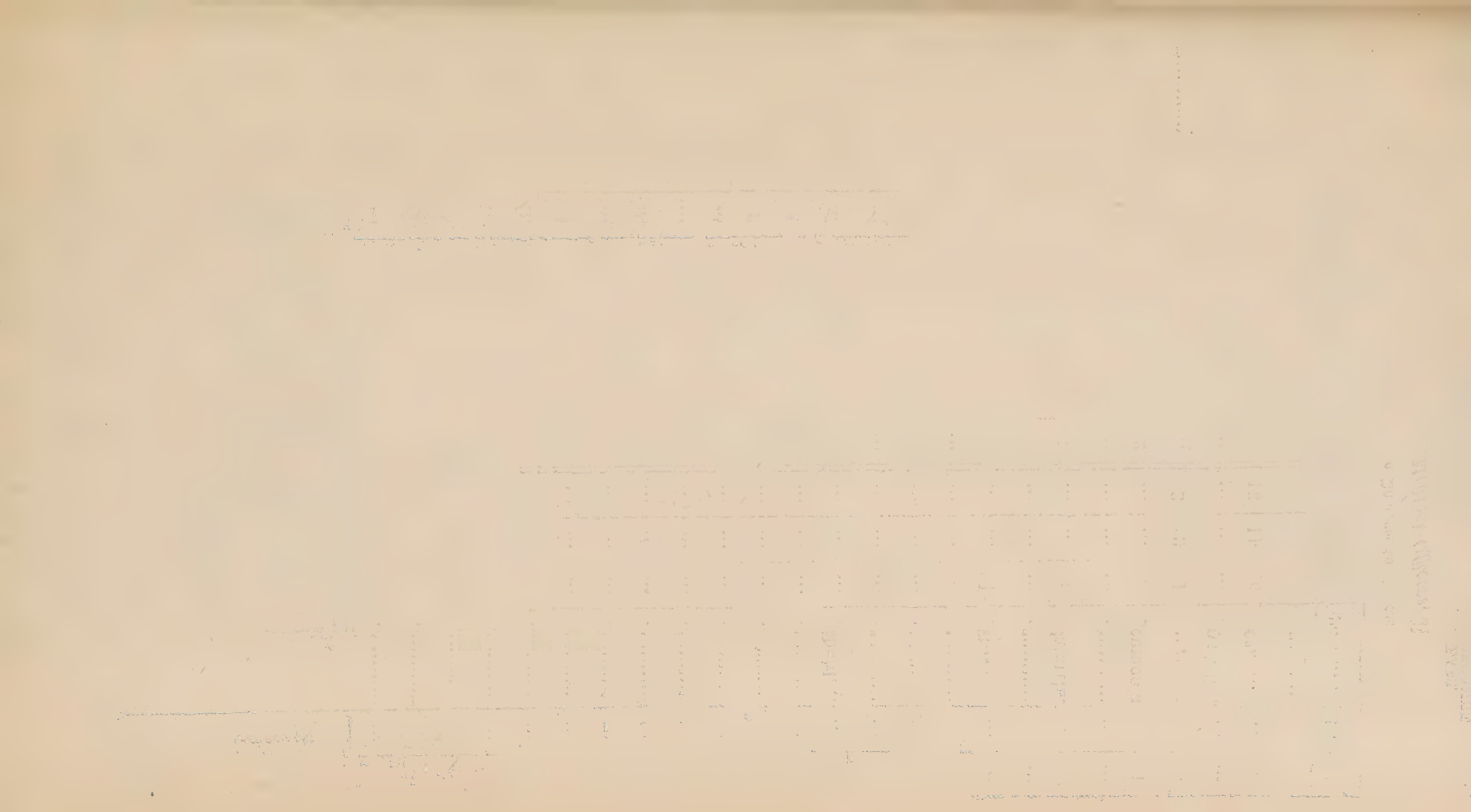
NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 30th DAY OF JANUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.												Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	Deaths.	
								Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.											Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	3	2	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	7		...	...	...	..	...	...		Measles	1	...
Scarlet Fever	...	2	1	...	...	1	2	...	...	2	7	...	2	...	...	...	...	...	...	17		...	1	1	..	...	2		Scarlet Fever	2	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	1	...	...	...	...	...	..	...	...	...	...	...	...	...	5	...	...	6		2	...	...	...	...	2		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	1	...	...	1		Erysipelas	...	...
Continued Fever	..	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	1	2*a*	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	5		...	...	...	...	...	...		Typhus	...	...
Enteric or Typhoid	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2		..	3	2	...	...	5		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4		...	...	...	...	1	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	4	5	3	1	3	3	...	...	8	8	3	...	13	...	4	3	...	1	59		11	1	6	...	4	22		Bronchitis and Catarrh	3	...
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	2	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	..	6		...	1	...	...	1	2		Pleurisy aud Pneumonia	4	1
Phthisis	...	1	2	...	1	...	...	2	2	1	2	...	1	8	...	2	1	...	...	23		1	1	5	...	...	7		Phthisis	1	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	3	2	...	9		1	...	1	...	...	2		Constitutional Syphilis	...	...
All other Diseases	3	10	5	5	9	1	2	16	11	6	6	5	...	40	...	30	24	9	12	194		11	9	18	...	1	39		All other Diseases	11*b*	...
Accidents	1	...	1	...	...	1	...	4	28	...	1	...	...	1	...	...	...	...	...	37		...	...	11	...	...	11		Accidents	1	...
Total	4	24	20	16	15	9	9	22	41	18	26	10	7	62	2	36	38	12	13	384	262	26	16	45	...	7	94	64	Total	23	1

a Removed to Newcastle Fever Hospital. *b* 1 Heart Disease ; 1 Uterine Disease ; 2 Paralysis.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG.
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.



NORTHUMBERLAND & DURHAM

MEDICAL SOCIETY.

The Sixth Monthly Meeting of the Society, for the Session 1868-9, was held on Thursday, March 11th, 1869; Dr. Gibson, President, in the chair.

The following gentleman was proposed for election as a member:

Mr. Christopher Jeaffreson, Hood Street.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SECOND REPORT FOR 1869.

By G. H. PHILIPSON, M.A., M.D.

The returns for the four weeks, from January 31st, to February 27th, 1869, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns:—

DISEASES.

The extent to which they prevailed in union, charitable, and public institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
February 6 ...	437	140	55	29	12	4
February 13 ...	398	135	47	23	6	4
February 20 ...	389	151	41	18	8	7
February 27 ...	362	138	39	25	5	1

The total of the new cases of disease and injury, during the time under consideration, in both towns, has changed but little. In Newcastle, the weekly numbers have varied between 437 and 362. The average of the four weeks is 399, against 414, the average of January, and 310, the average of the corresponding four weeks of 1868. In Gateshead, the weekly numbers have varied between 151 and 135. The average of the four weeks is 141, against 112, the average of January, and 93, the average of the corresponding four weeks of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in accordance with the new nomenclature of diseases, in Newcastle, have continued to decline, and in Gateshead have remained stationary. In Newcastle, the weekly numbers have varied between 55 and 39. The average of the four weeks is 45, against 65, the average of January, and 62, the average of the corresponding four weeks of 1868. In Gateshead, the numbers have varied between 29 and 18. The average of the four weeks is 24, against 18, the average of January, and 16, the average of the corresponding four weeks of 1868.

Small pox has been once recorded. The patient was a Dane, and was admitted into the Newcastle Fever Hospital in the third week.

Measles and hooping cough, in Newcastle, have both continued very slightly in force, 23 cases of the former, and 3 of the latter, having been recorded in the four weeks; and in Gateshead, both diseases have continued wholly absent.

Scarlet fever, in both towns, has perceptibly declined. In Newcastle, during the four weeks, 34 cases have been returned, against 68 in January, and 70 in December, 1868; and in Gateshead, 13, against 23 in January, and 30 in December, 1868.

Diphtheria, in both towns, has been wholly unreported.

Four cases of croup, in Newcastle, have been returned, recovery in all.

Erysipelas has been recorded to the following extent. In Newcastle, 11 cases, 1 fatal; and in Gateshead, 1 case, recovery.

Typhus fever, in Newcastle, has continued stationary, and in Gateshead has re-appeared. In Newcastle, during the four weeks, 30 cases, against 23 in January, and 39, the number corrected for four weeks of December, 1868. The total admissions into the Newcastle Fever Hospital amounted to 15, 13 typhus. In the corresponding period of 1868, the admissions from typhus were 33; in 1867, 21; and in 1866, 53. In Gateshead, during the four weeks, 16 cases, against 1 in January, and 27 in the corresponding four weeks of 1868.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 77 and 51; and in Gateshead, between 27 and 24. In the corresponding period of 1868, the highest weekly number was 35, and in Gateshead, 10.

Under phthisis, during the four weeks, in Newcastle, 82 cases have been returned, against 96 in January, and 42 in the corresponding period of 1868; and in Gateshead, 21, against 28 in January, and 13 in the same four weeks of 1868.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860; the number in public and private practice; and the annual rate of mortality in Newcastle; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD.
	Registered.	Registered Number compared with the corrected Average Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
February 6	85	16 over.	13	72	34	4
February 13	85	16 over.	18	67	34	4
February 20	94	25 over.	25	69	38	2
February 27	68	1 under.	10	58	27	3

The total of the deaths registered in Newcastle has fluctuated between 94 and 68. The average of the four weeks is 83, against 75, the average of January; and 61, the average of the corresponding four weeks of 1868.

The registered number—excepting the fourth week, when it was

1 under—has been over the corrected average weekly number in the ten years 1851 to 1860, and in the third week was 25 over.

The annual rate of mortality has varied from 38 to 27 per annum, to 1,000 persons living. The average rate of the four weeks being 34, against 30, the average of January. During the past eight weeks of the current quarter, the death-rate has been considerably higher than in any of the ten other large English towns which furnish returns to the Registrar-General, and has averaged 31·6, against 32·4, 40·7, and 26·1 in the corresponding eight weeks of the three years 1866-68.

From general diseases, dependent upon a morbid condition of the blood, during the four weeks, 11 deaths occurred in Newcastle, of which 5 were occasioned by scarlet fever, 5 by typhus fever, and 1 by erysipelas. In the corresponding four weeks of 1868, 19 deaths occurred, of which 4 were occasioned by scarlet fever, 14 by typhus, and 1 by measles. In Gateshead, from the same division of diseases, 5 deaths have been returned, 3 from scarlet fever, 1 from typhus fever, and 1 from enteric fever.

From phthisis, during the four weeks, 9 deaths took place, in Newcastle, against 8 in the corresponding period of 1868; and in Gateshead 3, against the same number in the corresponding four weeks of 1868.

Of 5 fatal cases of accident, at the Newcastle Infirmary, 2 were occasioned by fractures of the skull, 1 by compound fracture of both legs and fracture of the skull, and 1 by tetanus, in a boy eleven years old, admitted with compound fracture of the hand.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
February 6	43·2°	49·2°	1·14
February 13	42·6°	47·5°	0·47
February 20	43·6°	45·5°	0·00
February 27	39·2°	40·9°	0·05

The weekly mean of the temperature, at Newcastle, has varied from 43·6° to 39·2°; and at Greenwich, from 47·5° to 40·9°, which is from 8·8° above to 1·5° above the average of the same weeks in the last fifty years, as determined by Mr. Glaisher.

The rain-fall, at Newcastle, in the four weeks, amounted to 1·66 inches, against 1·31 inches, in the four weeks of January. In the corresponding weeks of 1868, 1·26 inches fell.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Dr. Heath exhibited a specimen of malignant disease, removed from the heel of a woman, in the Infirmary, on Tuesday last. The patient, so far, doing well.

Dr. Philipson stated that the tumour was a typical specimen of encephaloid cancer, which in section was soft and brain-like, and, under the microscope, entirely cellular, without any fibrous stroma. The cells were large, multiform in shape, ovate, caudate, unipolate, bipolate, and stellate, all containing large nuclei and nucleoli; these characters being well seen in the specimen exhibited.

Dr. Arnison exhibited a breast affected with cystic disease, which he had removed from a female patient in the Infirmary, on the same day as Dr. Heath's operation. It appeared seven years ago, in an induration left by a former abortive abscess. Four years ago she came under the "Byers Green cancer doctor," who removed it by caustics, every application of which caused intense pain. It continued well for about a year, and returned nearly three years ago, being, at the time of amputation, as large as a child's head, with two or three open sores discharging fœtid pus. It had never been very painful, was freely moveable, and the axillary glands were not affected.

Dr. Philipson said that he agreed with Dr. Arnison, both as to the character and nature of the tumour, namely that it was non-malignant and encysted. He was of opinion that it was a specimen of what had been termed cysto-sarcoma by Sir Astley Cooper, and sero-cystic by Mr. Birkett. On section, the tumour was composed of an external cyst, smooth in its inner surface, containing an endogenous growth, broad based, lobulated, with warty excrescences, producing a cauliflower-like appearance. The mammary gland was atrophied and indurated. Under the microscope, no cell structure, only fibrous tissue, was displayed. The tumour was of great interest, not only on account of being comparatively an uncommon form of mammary tumour, but also, in a practical point of view, of being benignant in nature.

A CASE OF APHASIA.

By H. GRAINGER STEWART, M.D.

John Shaw, admitted into the Newcastle Borough Asylum, July 2nd, 1867, aged 50, a seaman, married. Ten years ago had a paralytic stroke, while at Alloa with his ship, and was there laid up for three weeks. When his wife went to him she found him paralysed on the right side, and unable to answer any question but by repeating the monosyllable "aye, aye"; since then he has never been able to utter any other word. He was brought home to Newcastle, and remained there till now. During his residence at home he frequently refused his food, and his family had great difficulty in managing him, especially when he got into a rage, which he frequently did on slight provocation, or without any assignable cause. He was treated by blistering at the nape; his head was shaved, and other remedies, usually employed in such cases, were tried, but with no lasting beneficial results.

He was fond of hearing news, but could not read. He could form letters, but could not write properly. He could write his name, but sometimes forgot that even; but when shown it, could then sign it correctly. He could only say "aye, aye," from the beginning of his trouble, but his voice became stronger.

Fifteen months before being sent to the asylum he became worse, getting into a low way, taking off his clothes, and refusing to lie in his bed. He would take no food, being suspicious of poison. Suddenly he got better, became cheerful, sung tunes without articulate words; and made signs to those who came to see him, telling them that there had been nothing the matter with him.

He was generally cheerful and fond of joking with those friends who understood his signs.

A year before his admission, a daughter died; he was much affected; and also when his wife was ill. About the same time, the ankle of his right leg became blue, but recovered.

He had continued in much the same state until within a few days of his admission to the asylum, when he became violent and dangerous, threatening and attacking strangers, and arming himself with a knife for the purpose; and could no longer be managed at home.

On admission, the excitement had subsided. He was placed in bed, and remained quietly there. He could, apparently, understand all simple questions, and answered them by gestures, and repeating the words "aye, aye." He seemed pleased when you understood him; and distressed when you failed to catch his meaning. He was sometimes in exuberant spirits, laughing and singing songs without words with considerable expression; and was pleased when commended for his performance. At other times he was very dull and depressed. He used to write his name with his finger on the wall,

or on a slate; and if a question in writing was put to him, he answered by writing John Shaw over and over again. He was childish in his ways, easily excited, and was apt to become violent when crossed.

He is of sanguine temperament, robust and ruddy, well nourished, with fair light brown hair. His right side is paralysed and atrophied. He cannot move his right arm or leg; sensation appears perfect. His left side is vigorous; and he can move along a wall by supporting his right side against it, pushing himself forward with the other limb.

Facial paralysis is not marked, the tongue is protruded straight out and perfectly mobile, as are his features. Pupils equal, and no evidence of blindness in either eye. Heart sounds are normal.

Shortly after admission, he was seized with dysentery, from which he suffered considerably, and lost flesh.

It was observed that the ankle of his right leg—the paralysed leg—became blue; and, in a few days, his foot became gangrenous, a line of separation taking place above the ankle.

During my absence the gangrene spread; and, as a last resort, Mr. Newcome, with Dr. Heath, amputated the limb above the knee.

The patient died on the 25th September, three months after admission. The cause of the gangrene was found to be occlusion of the artery.

At the time of the operation, when the femoral was cut, no blood flowed from it, showing that the obstruction existed even above the point of amputation.

A *post mortem* examination took place, but leave only was given to open the head. The brain which showed considerable lesion was examined by Dr. T. Grainger Stewart, of Edinburgh; and the following is his report of its condition:—

Before reading it, however, I may mention the names Professor Turner, of Edinburgh, has given to the lobes and convolutions of the brain, which nomenclature has been adopted, in the following description: The hemisphere is divided into the frontal lobe, which is all that portion of the brain situated in front of the fissure of Rolando; it is divided into two lobules, a frontal and an orbital. The frontal lobule is composed of the following convolutions: the ascending frontal gyrus and the superior middle and inferior frontal gyri. The orbital lobule rests on the roof of the orbit, and has internal posterior and external convolutions.

The parietal lobe extends backwards from the fissure of Rolando to the parieto occipital fissure, the Sylvian fissure being the lower boundary. This lobe is divided into ascending parietal gyrus, postero parietal lobule, lobule of the supra marginal gyrus, and the angular convolution.

The temporo sphenoidal lobe is below the horizontal limb of the Sylvian fissure. The gyri of this lobe arrange themselves parallel

to the Sylvian fissure, and are named superior, middle, and inferior temporo sphenoidal gyri.

The occipital lobe is the posterior part of the hemisphere, its anterior boundary is the parieto occipital fissure; it is divided also into superior, middle, and inferior gyri.

The median, or central lobe, is the island of Reil or Insula. It consists of from 5 to 7 short, almost straight, gyri, which radiate outwards and backwards from about the region of the locus perforatus anticus.

DR. T. GRAINGER STEWART'S DESCRIPTION OF SHAW'S BRAIN.

The brain, which had been preserved in spirits, weighed 11b. 10oz., of which the cerebrum weighed 11b. 6½oz.; the right hemisphere, 14½oz; the left, 8oz. The cerebellum pons and medulla were natural. The left hemisphere was much atrophied. The vessels at the base were generally atheromatous, but the arteries supplying the left side were, in some parts, completely occluded; in others, almost occluded by thickening of the inner coat. This was specially marked in branches of the middle cerebral artery, and other vessels, which supply the districts of the brain which were found to be atrophied. Corresponding to the Sylvian fissure, there was a wide space measuring in a line with the anterior point of the tempero sphenoidal lobe 1¼ inch vertically, and in length from before backwards about 6 inches. This space contained vessels, connective tissue, and atrophied remains of convolutions. No part of the Sylvian fissure could be made out, the surrounding gyri being atrophied; neither horizontal nor ascending limb could be traced.

Frontal Lobe.—The boundaries were indistinct, as the lower part of the fissure of Rolando was lost in the wide space corresponding to the Sylvian fissure. The superior frontal gyrus was natural. The middle frontal gyrus was natural in its anterior part, and in its upper posterior part; but its convolutions, at the upper part of the ascending limb of the fissure of Sylvius, were atrophied. The anterior part of the inferior frontal gyrus was natural, the posterior part atrophied. The upper part of the ascending frontal gyrus was natural; its lower was atrophied.

Orbital Lobule and Island of Reil.—The convolution of the margin of the longitudinal fissure was somewhat turned in towards the longitudinal fissure. The internal gyrus was atrophied in its posterior part. The island of Reil was completely wanting, as were also the orbital part of the inferior frontal and the ascending frontal gyri, the posterior gyrus and the posterior part of the external gyrus, the posterior branches of the triradiate sulcus were thus obliterated.

Temporo Sphenoidal Lobe.—The inferior temporo sphenoidal gyrus was natural; the middle temporo sphenoidal gyrus was slightly atrophied at its anterior part. The anterior 3rd, and

posterior 6th, of the superior temporo sphenoidal gyrus were completely atrophied. The intermediate part remained, but was considerably wasted. The parallel fissure existed for about one-third of its natural extent, and that in the middle, where a portion of the superior temporo sphenoidal gyrus remained.

The Parietal Lobe.—The upper part of the ascending parietal gyrus was natural, its lower half atrophied. The postero parietal lobule was natural ; the supra marginal lobule was atrophied. The intra parietal fissure was thus almost obliterated. The interior part of the angular gyrus was atrophied.

The Occipital Lobe.—This lobe was smaller than natural, but none of its gyri were completely atrophied. The annectent gyri were natural. The inner and tentorial surface of the hemisphere was natural, excepting that the internal parieto occipital fissure was somewhat wide, and the posterior part of the uncinate gyrus was atrophied. The upper surface of the brain was natural. The optic thalamus and corpus strictum of the left side were completely atrophied, and represented only by connective tissue, so that, on holding up the brain to the light, and looking into the dilated left lateral ventricle, light shone through the tissues between it and the widened Sylvian fissure.

It will thus be seen that a large mass of the left hemisphere was destroyed, and that particularly those parts of the left hemisphere of the brain, which have been considered the organ of speech, were almost entirely absent.

I shall now refer briefly to the theories that have been propounded as to the localization in the brain of the faculty of articulate speech, and mention some of the cases on which these theories have been based.

It is well known that Gall considered the faculty of language to be located in the anterior lobes of the brain. Bouillaud said it was placed in the frontal lobes.

Schrœder Van der Kolk believed that the faculty of speech resided in the corpora olivaria.

Dr. Marc Dax was the first to recognise the fact that patients suffering from aphasia were paralyzed on the right side, and that the anatomical lesion was in the left hemisphere. Dr. G. Dax, his son, further localized the organ of speech in the anterior and outer portion of the middle lobe of that hemisphere.

M. Broca had, however, two cases which enabled him to fix on a spot of the brain substance, which, he said, contained the organ of articulate speech.

The first case was remarkably like the one I have related to you. He had been in the Bicêtre 21 years, and had not had the power of speech all that time. He could only utter one syllable, and that

was *Tan-tan*. He was known by his fellow patients accordingly as Tam. At the time of his admission he had no paralysis, but, in ten years, became paralysed on the right side. His sight also became affected, and his intelligence impaired. He came under M. Broca's care on account of gangrene of the lower extremity of the right—the paralysed side. He had sufficient intelligence to employ language if he could do so. He died, and, at the *post mortem* examination, the frontal lobe of the left hemisphere was softened in the greater part of its extent. The convolutions of the orbital lobe, though atrophied, had preserved their shape. Most of the other frontal convolutions were destroyed. There resulted in the anterior lobe a cavity the size of a hen's egg, filled with serosity. The softening extended backwards to the ascending portion of the parietal lobe, downwards to the marginal portion the temporo sphenoidal lobe, and inwards to the lobule of the Insula and the extra ventricular nucleus of the corpus strictum, accounting for the motor paralysis of the upper and lower limbs of the right side. The oldest lesion was in the middle portion of the frontal lobe of the left hemisphere, and to this primary lesion Broca ascribed the loss of the power of speech.

Now, on comparing this case with the one I have related to you, we find in both great destruction of the convolutions of the frontal lobe, the ascending portion of the parietal gyrus, the superior temporo sphenoidal gyrus, the island of Reil, and surrounding convolutions.

It would seem, therefore, that in one of those organs so destroyed resided the power of speech, and so M. Broca argued.

Another case, however, came under his observation, in which the destruction of brain substance was much more limited, and he accordingly condescended on a certain circumscribed portion of brain as the seat of the faculty of articulate language.

An old man—Lelong—83 years of age, an inmate of the Bicêtre, was seized with apoplexy whilst going down a staircase. He was not paralysed, but had completely lost the power of speech. His intelligence was not impaired; he understood what was said to him, and communicated his wishes by means of a few words that he still retained the power of uttering, and by an expressive pantomime which those about him soon learned to understand.

Eighteen months after he sustained a fracture of the neck of the femur. He was not paralysed of motion or sensation. His tongue moved freely in all directions; he could swallow well; all his senses were normal; and his intellect was unimpaired. When questions were put to him, he only answered by signs, uttering, at the same time, one or two syllables with a certain amount of effort. He could only say yes, no, three, and always. When he was asked his name he replied Lelo, instead of Lelong. He said yes and no

at proper times, but he made use of the word three in order to express any number, although he knew well that the word did not always convey his meaning, and corrected the mistake which he made in speaking by holding out the proper number of fingers. He could tell the time of a watch, and had retained the notion of units and tens. He had not lost his memory. He died twelve days after his fall from the effects of the accident.

A most careful *post mortem* examination was made, and no lesion of any part of the brain was found, except that the posterior third of the middle and lower left frontal convolutions was alone destroyed over a space of 15 or 18 millimetres. The transverse frontal convolution was normal, whilst inferiorly the lesion extended as far as the lobule of the Insula, but without involving it.

The result of this loss of substance was a cavity full of serosity closed externally by the pia mater. The walls of the cavity were firm, and on them were small spots of an orange yellow colour, probably of blood origin, and afterwards proved to be so by the microscope. This was, therefore, an old hæmorrhagic cyst ; and the patient, as you know, had suddenly lost his speech since a fit of apoplexy, which he had 18 months before he died.

On comparing Shaw's case with this second one of M. Broca, we find that lesion of exactly the same parts of the brain existed, namely, the posterior portion of the middle and inferior left frontal gyri.

In Shaw's brain, therefore, there was, besides other lesions, the loss of a certain part of the brain substance in which M. Broca located the faculty of articulate speech.

On the other hand, Dr. Charcot, though he found in his first 10 or 12 cases of aphasia lesion of the third left frontal convolution, had a case which he carefully examined with M. Broca, in which no disease of that gyrus could be found by the naked eye or by the microscope.

Dr. Vulpian has also recorded a carefully observed case, in which there was no lesion of this convolution.

Dr. Parrot, a case in which there was atrophy of the third right convolution of the frontal lobe, and yet, up to the time of death, there had been intelligence and the faculty of articulate language.

M. Trouseau relates a case in which he believes there was lesion of the right brain, with left hemiplegia and aphasia.

Dr. Hughlings Jackson has published 34 cases of hemiplegia, with loss of speech. In 31 cases the hemiplegia was on the right side, and in three on the left. In 20 of the cases the heart was variously affected, valvular disease existing in 13.

Dr. Simpson, Gloucester, records a case in which there was a grave lesion of the inferior left frontal gyrus, and, indeed, of a large part of the frontal lobe, without loss of speech.

The late Dr. Scoresby Jackson, of Edinburgh, records a case of right hemiplegia, with aphasia, the brain softening being in the posterior part of the inferior left frontal gyrus, and in the island of Reil.

Dr. Skare records a similar case, in which the disease was on the left posterior lobe of the brain

Dr. Frederick Bateman records a case in which there was amnesic aphasia, with right hemiplegia, in which the disease only existed in the posterior third of the left hemisphere. Another, in which there was right, and subsequently left hemiplegia, with lesion of speech, in which the frontal convolution was sound; a third of aphasia, with right hemiplegia, and no lesion of anterior lobes; and a fourth of left hemiplegia, with aphasia, and no disease of the frontal convolutions.

Dr. Sanders, of Edinburgh, records a case in the *Lancet*, of aphasia, with paralysis of the right side, in which there was no lesion of the right hemisphere pons, medulla, or olivary bodies. Several parts of the left hemisphere were softened; a point, $1\frac{1}{2}$ inch from the posterior margin of the hemisphere, close to its longitudinal fissure. Another, on the external margin of the anterior lobe, about 2 inches from the front of the hemisphere not affecting the grey matter of the sulci. These softenings were not above a line in depth. In the white substance behind the posterior cornu there was an irregularly shaped softening, the size of an almond. The principal point of softening, however, was in the external and anterior portion of the island of Reil, which extended for a short way into the inferior surface of the adjoining external or inferior frontal convolution, and also penetrated in depth to the outer part of the corpus striatum.

Dr. Sanders has also seen 8 cases of aphasia, with dextral paralysis.

Now, this case may be regarded as confirmatory of Broca's views, for there did actually exist disease of the spot he has indicated.

Several cases of aphasia have been recorded, in which there was at the same time paralysis of the left side; and Dr. Forbes Winslow says he has seen 50 cases of disease of the anterior lobe without loss of speech.

Having thus, gentlemen, glanced, in a hasty manner, at the observations recorded by various observers, I think we are compelled to come to the conclusion that M. Broca's position is not established. One thing we have, however, to thank him for, and that is the stimulus he has given to observers of nervous disease to record minutely the symptoms during life, and condition after death, of the nervous system in such cases. Continued observations in this direction may lead to more important discoveries of the functions

of the various parts of the brain. It seems clear that, in the large majority of cases of impaired speech, the paralysis associated with it results from disease of the left brain, and that, probably, in the frontal lobe. For more definite results, we must await the researches of enlightened and skilled observers.

I shall conclude by asking the following questions which suggest themselves in connexion with this subject, which I should be glad to hear answered by any gentlemen present: Why should the faculty of speech reside only in the left brain?

Why, if when the disease is in the left brain, should not the corresponding part of the right brain undertake the function of speech in cases of long standing, just as the left hand may be taught to write when the right hand is disabled?

Dr. Gibson said that it was exceedingly difficult to understand how the faculty of language could depend so much upon the health of one side of the brain, and of the left side so particularly. Did it not afford one argument the more in favour of the dual character of the cerebral manifestations, and show the necessity for integrity of structure on both sides, in order to effect functional activity of a healthy and complete character? The morbid lesion was sometimes found on the right side only.

Dr. Mackintosh said, a sailor who died in the Bath Lane Asylum, of heart disease, had aphasia, his wishes being expressed by pantomimic action. One morning he was found dead, from rupture of the heart, close to the aorta. The brain was not examined.

Dr. Embleton considered the subject one of great interest and complexity, as there were cases in which there was the same defect without disease. There were conflicting evidences as to the seat of the faculty of speech. Schrœder Van der Kolk believed it was in the corpora olivaria. In Dr. Stewart's case there was aphasia to some extent, but not entire absence of speech. What would be the case of a man with half his speech? Dr. Embleton had a patient who could only answer "Aye, aye," to all questions. This was a case of paralysis of the right side.

Dr. Heath asked what was meant by aphasia—what part of speech, exactly, in these cases, was deficient? An idea in the person's mind is associated with, and requires to be stated by, a certain word, but this word can not be articulated. Phrenologists locate language in the anterior lobes—a prominent size was associated with memory of words, but had nothing to do with articulation. He would mention one or two cases. A man, in getting out of the train at the Central Station, suddenly lost his speech, and became unable to make himself understood. He had a number of papers about him, and many people to see, on business. These

people came to see him, and he gave them the papers, but he could not tell them by words anything about them. What he did say he said quite well, but he did not use the words in their proper place. Now what idea had such a person in his mind, saying one word and meaning another? It was not only meaning of words that was deficient, nor yet articulation, but some link between the conception of words in the mind and articulation. A lady would take up her spectacles, and could not say what they were; but if the name was mentioned she could repeat it. She knew what they were, and what they were for, but could not say the word unless it was previously repeated. He, therefore, asked, what was aphasia?

Dr. H. Grainger Stewart, in reply, said, that to answer Dr. Heath fully would be rather a difficult matter, and would entail a consideration of the entire physiology of articulate language. Between the conception of an idea in the brain, and its expression by speech, there was a long series of links, on the integrity of every one of which depended the power of articulate language. The chain might be broken at many points, and aphasia result. The original conception might never be formed. The idea, if formed, might not be propagated to those centres where the combination of the movements necessary for its expression reside. These centres might themselves be incapable of receiving a stimulus, or responding thereto. The muscular sense might be wanting; so that articulation would be impossible. In fact, aphasia may depend on many abnormal conditions.

Dr. Mackintosh had touched on an important point in the pathology of aphasia, and that was its frequent association with disease of the heart; that disease indicating either a general deterioration of the arteries, or the existence of vegetation on the valves —conditions which might result in occlusion of the cerebral arteries; and so give rise to atrophy of particular districts of brain.

A *post mortem* examination of Dr. Embleton's case, in which left paralysis existed with aphasia, would be interesting, as the combination of these symptoms was rare.

ON CHOREA.

By CHARLES GIBSON, M.D.

It is a remarkable fact, that, at the very time when inquirers are proclaiming the difficulty, or the impossibility, of attaching precise pathological bases for nosological definitions, the London College of Physicians has felt itself called upon to issue its work on the "Nomenclature of Diseases," in order to establish precise technical

data for individual and state necessities in this behalf. It is, doubtless, highly desirable that medical men should always mean the same thing by the same designations; and the confusion in our registers seems to show that the work has been urgently needed. The execution of the work, too, has received, as it doubtless deserves, very high praise. Nevertheless, it may fairly be doubted, however much it may minister to present convenience, whether such a work is calculated to aid the progress of medical knowledge. Precise distinctions and definitions imply, or should, if possible, imply, precise and exhaustive knowledge of the things distinguished and defined:—a maturity and a completeness of information which certainly is much to be desired in medicine. This objection has supreme force when the nomenclature is established upon data afforded by morbid anatomy and chemistry, and the least force when it is attached to groups of abnormal phenomena or symptoms. Every day is bringing up new facts, and every new fact involves modification of existing knowledge. Absolute definitions thus restrain the mind, and, at least sometimes, appear to bind it down to the knowledge of the time at which the definitions were established.

These remarks bear notably upon the subject of my present paper—chorea. The phenomena of chorea, however, are easily recognised when they exist in their simplest form, although they do occur under circumstances which create difficulty and doubt in the mind of the observer. Nevertheless, I accept the ordinary phenomena as characteristic of chorea, and proceed briefly to inquire into the conditions under which they ordinarily, and extraordinarily, manifest themselves.

In the simplest forms of chorea, no specific morbid anatomy has hitherto been discovered; although it is palpable, from their uniformity, that its manifestations must emanate from some specific somatic condition. The agency of the mind over the voluntary muscles is palpably imperfect, or lost; and volitional effort at their direction or control only provokes the grotesque movements which give character to the affection. This choreic condition is often, indeed, induced suddenly, as by fright; more commonly it becomes established in a gradual manner, and the habit of abnormal action is readily acquired and tenaciously maintained, at least for a time. But the history of the affection not unfrequently shows a hereditary bias, and a nervous, irritable state of the individual sufferer. The intellect is seldom vigorous, and association with positive imbecility is not actually rare. Chorea is, for the most part, a disease of childhood, but it sometimes affects adults, and, occasionally, even the aged of both sexes. In Roger's case, which Trousseau considers a true case of chorea, the patient was 83 years of age; and in Graves case the patient was 70. Other similar instances are on record.

The voluntary muscles are those usually affected; but sometimes involuntary muscles are affected likewise, as those of deglutition and of respiration, and then the similitude with hydrophobia is very remarkable; and, even when the voluntary muscles only are affected, the jerking movements of the lower limbs are sometimes startlingly like those of persons suffering from locomotor ataxy. It must be noticed, too, that both sides of the body are rarely affected equally; and it appears possible that the explanation of this fact may, occasionally, somehow lie in the circumstance that, ordinarily, one side has preponderance of muscular action over the other. But sometimes the affection is confined to one side. However, it must not be forgotten that the morbid conditions sometimes found in the brain in association with chorea, as with aphasia, are confined to one side, or mark it particularly.

Chorea is often associated with hysteria; and it deserves consideration whether the dysphagia and dyspnœa, above referred to, may not sometimes be the expression of the hysterical peculiarity. The phenomena of hysteria are, assumably, often of a sexual nature, mostly affecting females. Now chorea is especially a disease of childhood, and commonly affects boys; and it appears reasonable to suppose that the tendency and the ability to simulate various diseases, which is so commonly observed in hysteria, may occasionally have its expression in the direction of chorea. Watson notices this complication in an especial manner. Hysterical excitement very commonly provokes the excretion of abundance of pale, watery urine. In chorea this is not so; but, on the contrary, the force of the choreic convulsion is shown in the enhanced density of the urine, almost in the ratio of the intensity of the convulsive action. The muscular effort involves enormous wear and tear of tissue; and this, again, is shown in the urine by the abnormal amount of its urea. Nevertheless, the choreic epidemics of the sixteenth and seventeenth centuries were, doubtless, extatic frenzies of moral origin, and may really have had association with hysteria. The choreic subject, too, is sometimes highly impressionable.

Then chorea is sometimes the accompaniment of chlorosis. Most choreic women have suffered from chlorosis: and herein are conditions that may readily disturb the cerebro-spinal centres—depressed bodily health, perverted catemenial function, and impoverished (and hence quassi-poisonous) condition of the circulating blood.

Pregnancy, which favours the development of neuroses generally, sometimes exercises an important influence in the development of chorea. Dr. Barnes records 56 cases of chorea in pregnancy. Dr. Bedford records two cases. In one of these the patient was nineteen years of age, and primiparous. Chorea manifested itself in the fourth month of utero-gestation, and continued, regardless

of medical treatment, until the birth of the child, when the affection disappeared spontaneously. Dr. Jaccoud records one case wherein the disorder appeared at the latter end of the third month, in a woman twenty-three years of age. In this case, the common sensibility was everywhere intact, but the reflex excitability was notably increased. When chorea occurs in young women, it is generally associated with pregnancy. The enhanced sensibility of the pregnant state, and its alteration in the condition of the circulating blood, are probably the circumstances which give development to the chorea in subjects predisposed to it.

Chorea is sometimes developed in persons suffering from Bright's disease of the kidney. The complication, however, is exceedingly rare. But Bright's disease affords two conditions which probably contribute largely to the development of chorea, viz., a depressed and morbidly sensitive condition of the nervous system, and an unhealthy—a poisoned—condition of the blood.

The connection of chorea with disease of the heart has attained a high prominence during the last few years. The manifestation of chorea with cardiac disease is indisputable, and exceedingly common. So much is this the fact, that many authorities regard their association as that of cause with effect. Addison's observations tended to this conclusion. Babington makes especial reference to this relationship; and, more recently still, Dr. Hughes has promulgated the opinion that the cardiac lesion is the exciting cause of the general muscular disorder. Dr. Wilks has never seen a fatal case of chorea in which there was not some evidence of a previous endocarditis. Nevertheless, it is very certain that in many cases of choreic disorder their whole course is unmarked by cardiac affection. Still it deserves recognition, that necropsies have sometimes revealed unhealthy conditions of the heart which had not been even suspected during life. Many varieties of cardiac disease have been found in choreic subjects; and this fact itself might suggest that the connection could not always be absolute. The most common are the endo- and peri-cardial inflammations, and valvular diseases; hypertrophy occurs, and numerous functional derangements. Of the hypertrophy I have nothing to say, excepting that I am not aware of any well established facts which fairly justify the conclusion that it was either a cause or an effect of the choreal disease. The valvular affections are, doubtless, effects of endocardial inflammation; and this, again, may reasonably be supposed, at least sometimes, to act as an exciter of the choreic manifestations. Such inflammation could not exist, probably, without producing more or less blood poisoning; and the circulation of blood so poisoned in the sensitive centres of motor power is probably abundantly able, in suitable subjects, to evoke the disorderly manifestations which characterise chorea. The

existence, during life, of valvular disease is commonly proclaimed by bellows murmur; and here it should be observed that such sounds not unfrequently continue during the continuance of the chorea, and disappear with it. In such cases it is palpable that the bruits could not have depended upon organic changes in the valves themselves, or in their apparatus. And it will have been in the experience of every one who has seen much of chorea, that the sounds are frequently soft, gentle utterances, which are most distinctly heard over the base of the heart, and which thence extend in the direction of the great vessels. Such bruits are often merely functional, occur in anæmic subjects whose blood is impoverished, and disappear under the influence of tonic medicines, good food, and favourable hygienic conditions. Mitral bruits, due to anæmia, also often occur. Nevertheless, it is abundantly certain that many of the abnormalities of valvular action are the direct effect of organic change, brought about by endocardial inflammation. But pericarditis is not unfrequently the accompaniment, or the antecedent, of choreic disorder. It is, doubtless, like endocarditis, often the consequence and the expression of a diathesis, as it is the occasional cause of toxæmia; and their frequent association with chorea has afforded the basis of a theory, or rather of a hypothesis, of the choreal development. Bright and Bouillaud supposed that the phrenic, and Hope that the pneumogastric, nerve conveyed the irritation produced by these diseases to the brain; and concluded that the chorea was a consequence of such irritation. The delirium and choreic spasm of pericarditis being invariably connected with great susceptibility of the nervous system, and occur, almost invariably, in persons of weak excitable habit.

But the most generally recognised antecedent of chorea is rheumatism; and the intimate connection frequently existing between rheumatism and chorea does not admit of the slightest doubt. In families, it is not unusual to notice that one member suffers from rheumatism and another from chorea. Doubtless they are often distinct; but a common order of manifestation of these affections is, first rheumatism, then cardiac complication, and then chorea. And they are, unquestionably, often hereditary. But the cardiac affection is found, without antecedent rheumatism, in connection with chorea, just as chorea is found in association with rheumatism without evident cardiac disease. Many cardiac affections are, undoubtedly, the effect of rheumatism, and the association of chorea with old standing cardiac disease is evidently often the expression of its connection with the rheumatic diathesis. But the most important fact, in this intimacy of association, probably is, that rheumatism is really a blood disease, the effects of which upon the brain and spinal marrow are often very like those of the toxæmia of phlebitis. Thence results the characteristically

enhanced sensibility, and thence the mad play of muscles which had hitherto been directed and controlled by the will. Such morbidly sensitive nerve centres, and such sustained irritation by contact with the toxic blood are, presumably, sufficient, in suitable subjects, for the manifestations and maintenance of chorea. But the very contact of the extremities of sensitive nerves with the inflamed tissues—cardiac and articular—as their contact with the irritated mucous membrane of the intestinal canal, during the presence of worms or other offensive matters—is presumably sufficient, under peculiar circumstances, to develope the choreic phenomena; just as they might, under certain other circumstances, develope eclampsia. The following case is exceedingly instructive. A boy was for some time severely affected with chorea. After remaining in bed for three weeks he began to show signs of improvement; he was a little more quiet. At this time he was seized with acute rheumatism, which affected most of his joints. This condition of things was quickly followed by a mitral bruit. It will be noted that in this case the chorea was the first manifestation, just as it occurs in cases which result from fright; the rheumatism next; and then the cardiac disease followed. On the other hand, it deserves notice that nervous symptoms, resembling those of chorea, not unfrequently present themselves in the course of acute inflammation of the heart. I have already pointed out that it shows itself some times, though rarely, in the course of Bright's disease; and Dr. Wilks has seen a case wherein pericarditis was set up in the course of Bright's disease, and wherein marked choreic movements accompanied the pericarditis. Professor Sée reports 84 autopsies of chorea. Of these, 34 presented evidences of inflammation of serous tissue, and of these 34, 17 had unmistakeable evidences of rheumatism. The rheumatismal lesions were found in the heart, and arachnoid; inflammation was also found in the peritoneum; but doubts are expressed whether this should be regarded as rheumatic.

Diseases of the brain and spinal marrow are often palpably and apparently directly connected with the development of chorea. And this not of their proper tissue merely, but of their membranes also. The very nature of the choreic convulsions shows this connection. These are very frequently observed in the face, as well as elsewhere; and it is difficult to recognise the possibility of such convulsive action while the brain is unaffected. The general action of the convulsion shows how far the spinal cord is involved. Sir Thomas Watson expresses his opinion that the jactitations of chorea may sometimes depend upon the effects of rheumatic inflammation involving the membranes of the cord. Dr. Wilks entertains great doubts whether chorea is due to any special disease of the spinal cord, but believes it, like epilepsy, to be rather due to

a disturbance of the whole of the centres. Dr. Aitkin remarks that "the history of the majority of cases shows that chorea has a more intimate connection with mental disease, such as imbecility, or even insanity, than perhaps any other morbid state." Skoda thinks that an exudation on the brain or spinal cord is the immediate cause of chorea. Copland reported a case, in 1820, to show that chorea depended upon structural disease of the spinal cord. Dr. Goodfellow, a few months ago, showed to the London Pathological Society a softened spinal cord which had been removed from a girl, æt 16, effected with severe chorea. The choreal movements had been equally well marked on both sides, contrary to what is generally observed, nevertheless, the left half of the fornix was softened up to diffluence. Trousseau remarks that the prodromata of chorea consist of evidences of impairment of the intellectual faculties; and that such impairment and disorders of sensibility are almost constantly observed; but that he never met with any lesion explanatory of the convulsive phenomenon of chorea. Dr. Aitkin reports a case wherein the sp. gr. in the capus striatum and optic thalamus of one side was distinctly less than that of the other. In Hines' case, wherein myelitis affected a pregnant woman, the chorea seemed to be emotional, but the necropsy showed a quantity of turbid fluid in the spinal canal, and softening of the cord in the middle of the dorsal region. In Farquharson's case, also recently reported, the patient was a male, æt 19. He suffered from articular rheumatism, during which aortic regurgitant disease of the heart became developed. Shortly afterwards, he became affected with chorea in an aggravated form. The consciousness was not impaired, but speech was unintelligible. He rapidly sank and died. The *post mortem* showed the pia matter covering the brain and anterior portion of the spinal cord abnormally vascular, and some vessels accompanying the anterior roots of the spinal nerves appeared large and tortuous. There were also hypertrophy of the heart, pericarditis, and incipient disease of the middle aortic valve. In another case, reported by Dr. Wilks, and referred to already in illustration of the occasional connection between chorea and Bright's disease, the *post mortem* showed hypertrophy of heart and pericarditis, but no valvular disease. The brain was not unhealthy, excepting that its arachnoid was opaque. The spinal meninges were highly injected, and the cord bulged beyond the membranes when the latter was cut. Near the centre of its dorsal portion a spot of ecchymosis was formed, and the whole of the grey matter was highly injected.

The presence of disease of the brain and spinal cord, as of their envelopes, then, in cases of chorea, is established. The existence of diseases of the heart and of its membranes is not less certain. The association of chorea with rheumatism does not admit of doubt.

—Dr. Addison, in fact, argued that rheumatism was essentially a nervous disease.—Its frequent connection with hysteria is all but universally admitted. The asserted existence of chorea with pregnancy, chlorosis, and Bright's disease, needs no qualification. And, finally, its development in certain diatheses—the rheumatic and the tuberculous, for example—and its manifestation, particularly in persons of leucophlegmatic temperament and irritable habit, are facts which cannot be disputed.

We must, however, in order to be logical, exclude everything which is not essential, in our endeavour to evoke the direct ethiological agencies at work in the production of the peculiar phenomena which we group together under the name of chorea. One of the most common exciting causes of chorea is fright. This is purely a mental influence, and implies that the first impression has been made upon the cerebrum. But the disorder is the consequence of many other conditions, and the moral emotions are often altogether in abeyance. The absence or insufficiency of the volitional powers is a fact which holds in every case of true chorea. The influence of the spinal cord in the production of choreic phenomena is again, as we have seen, indisputable. The brain commands—it may be in an undecided and indistinct manner—but the spinal cord will not carry out the mandate, or does it in a very awkward and irregular manner. Or the spinal cord is irritated by centric or eccentric causes, and reflects the irritation upon its efferent nerves, and upon the brain, which becomes disturbed, looses its power to direct and control the muscular actions, and throws off, from its own centres of motion, stimuli of irregular and uncertain character. Rheumatism, notwithstanding the frequency of its association, is clearly not *the* essential cause of chorea, which occurs frequently in persons in whom there could not be the most remote suspicion of rheumatism. Nevertheless, it sends forth a poison to the nervous centres, and irritates the extremities of afferent nerves in such wise that chorea becomes manifested. Disease of the heart is not *the* essential cause of chorea, the sufferers from which will often pass months or years under the choreic influence, or sustain repeated attacks of it, without any disease of the heart showing itself. The late Dr. Kirke believed that embolism was the cause of chorea. Disease of the heart had produced excrescences upon its valves ; these were detached and circulated with the blood to the spinal marrow, and there set up the irritation which produced the chorea. But the embolism has not been shown, nor has it been shown that the cord would be irritated by the embolus if it were actually present, nor if irritated by it, that chorea would result from such irritation. Neither can pregnancy, Bright's disease, chlorosis, nor hysteria be recognised as essential causes of chorea. They all present condi-

tions favourable to its development, as we have seen, but they are not absolute and necessary conditions; and, when present, they operate in the direction of chorea sometimes only.

The first item in the way of causation is, clearly, peculiar bodily conformation; this peculiarity having special reference to cerebro-spinal organization, and involving, most probably, a morbid sensibility of the cerebral motor centres, as the corpora striata. An organization which occasionally appears to be hereditary, and, whether hereditary or not, evinced by extraordinary susceptibility to surrounding influences. In a body so peculiarly organized, the more especially when presided over by a weak or fatuous mind, the choreic irregularities of muscular action are readily set up by *various* irritants. First among these may be placed the moral emotions, and especially fright; then rheumatism, heart disease, pregnancy, disease of brain and spinal marrow, chlorosis, Bright's disease, &c.; which by their direct agency, by their action as blood poisoners (thus effecting a perverted nutrition in the nerve centres which occasions irregular developments of nerve force), by their power of depressing the bodily health and strength, and by their influence over the peripheral portions of sensitive nerves, set up disturbance of such quality and amount, and with such imperfection in the controlling and directing power of the will, that characteristic choreic manifestations become developed. Or shall we rather make a summary thus: 1st, peculiar diathesis; 2nd, enfeebled nutrition; 3rd, strong mental influences; 4th, impressions upon nervous centres by various centric and peripheral irritations; and, lastly, enfeebled and ill-directed volition.

I have only a few words to say on the treatment of chorea, in conclusion. The remedial appliances should recognise, if possible, the predisposing and exciting causes. Thus there is no specific for chorea. But there is in it a condition of depressed vitality which demands tonic remedies—hygienic and medicinal; and there is a condition of morbid sensibility which, in addition, perhaps, requires the employment of sedatives. Nevertheless, it must not be forgotten that genuine, uncomplicated chorea, tends naturally to recovery. In the rheumatic variety, alkalis and evacuants are commonly indicated; but it is in these cases especially that bromide of potassium acts so wonderfully. In cases which are associated with anæmia and chlorosis, iron and zinc are peculiarly valuable; and strychnia has sometimes a very remarkable influence, although Trousseau declares that he never saw strychnia of any use. Arsenic, deservedly, bears a very high reputation; and Dr. Begbie states that, after an experience of thirty years, he has never known arsenic to fail. In these and other forms of chorea the cold water douche is often of the highest value. Tartarised antimony has been highly lauded—unfairly so; but it has been used

without sufficient judgment, and is now rarely heard of. Finally, the removal of the sufferers from scenes and associations which have given force to the development of the malady is sometimes, undeniably, an item of the very first importance in the category of curative measures.

Mr. Hope said a case had occurred in the Children's Hospital. The patient was unable to sleep for seven or eight days, and was then put under the influence of chloroform, and kept under it for ten hours. The child then had a good sleep. The chloroform was administered every night for ten days, and the patient is now recovered. The after-treatment consisted of quinine and sulphate of zinc.

Dr. Stewart had seen very few cases of chorea with insanity. In one case, in a girl, he had given bromide of potassium, and strychnia, without benefit. She recovered of the insanity, but not, while under his care, of the chorea.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 6th DAY OF FEBRUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							Public Institutions.												Total.		GATESHEAD. Poor Law Districts.		Public Institutions.			Total.		DISEASES	DEATHS	
								Infirmary.		Dispensary.																				
	St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	In-Patients. 8	Out-Patients. 9	Central. 10	Eastern. 11	Western. 12	Elswick. 13	Out-Patients. 14	Fever Hospital. 15	Children's Hospital. 16	Workhouse. 17	Vagrant Ward. 18	Gaol. 19	For the Week.	Corresponding Week last Year.	Western. 20	Eastern. 21	Dispensary. 22	Fever Hospital. 23	Workhouse. 24	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	..	...			Measles	...	...
Scarlet Fever	...	...	...	1	...	2	1	...	...	2	1	5	...	...	...	...	...	...	...	12		3	...	2	..	...	5		Scarlet Fever	1	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	3		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	...	...	2	...	..	...	...	...	...	...	...	1	1	2	...	6		3	...	1	...	...	4		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	3		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	1	...	...	...	1		Continued Fever	...	...
Typhus	...	...	2*a*	1	1*b*	...	...	...	...	...	...	...	...	..	6	...	1	1	...	12		1	1	1	1	...	4		Typhus	...	...
Enteric or Typhoid	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	4		...	...	...	..	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1	6		3	3	7	...	2	15		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	...	1	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	5		...	...	...	...	...	..		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	4	3	5	3	2	1	1	12	6	8	...	19	...	1	...	3	1	72		3	5	11	...	5	24		Bronchitis and Catarrh	5	2
Influenza	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	...	....	...	2	...	...	...	...	...	...	...	...	...	...	...	..	3		...	...	...	...	...	...		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	...	1	...	...	3	...	5	...	1	...	8	...	1	...	1	...	20		2	1	3	...	3	9		Phthisis	3	1
Constitutional Syphilis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	2	6	14		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	2	4	6	8	9	4	...	28	14	10	11	7	6	38	...	25*c*	27	8	14	221		22	7	22	...	20	71		All other Diseases	3*d*	...
Accidents	...	1	1	...	1	...	...	6	36	...	...	...	...	...	...	...	...	...	...	45		...	...	7	...	...	7		Accidents	1*e*	...
TOTAL	4	16	14	17	17	11	8	39	51	33	20	22	7	65	6	30	36	18	23	437	315	37	18	54	1	30	140	100	TOTAL	13	4

a Removed to Newcastle Fever Hospital. *b* Removed to Newcastle Fever Hospital. *c* 3 In-patients. *d* 1 Heart Disease. *e* 1 Tetanus, boy 11 years old, Compound Fracture of Hand.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG
11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 6

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 13th DAY OF FEBRUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.												NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.										Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	1	2	...	1	...	...	...	...	5	...	...	...	...	...	...	1	...	10		...	...	...	..	...	...		Measles	...	...
Scarlet Fever	...	1	...	...	1	1	3	...	...	2	...	...	1	...	...	...	...	...	...	9		...	...	1	..	...	1		Scarlet Fever	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	1	1	...	...	2		2	...	2	...	3	7		Diarrhœa	...	1
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Erysipelas	...	...
Continued Fever	..	2	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	4		...	3	...	...	...	3		Continued Fever	...	...
Typhus	...	...	...	...	...	...	...	...	...	2	...	...	...	...	3	...	1	...	...	6		1	1	1	1	...	4		Typhus	...	1
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	3		...	...	1	..	...	1		Enteric or Typhoid	...	1
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	9		...	...	3	...	...	3		Febricula	...	...
Ague	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	3		1	1	2	...	...	4		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	1	2	4	3	1	4	2	1	1	6	7	5	...	6	...	2	...	2	1	48		5	2	9	...	7	23		Bronchitis and Catarrh	1	...
Influenza	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	1	1	1	...	1	...	...	1	...	...	...	...	...	6		1	...	1	...	...	2		Pleurisy aud Pneumonia	2	1
Phthisis	...	1	...	...	...	...	...	1	...	1	2	2	2	9	...	...	2	2	1	23		...	...	1	...	1	2		Phthisis	3	...
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	4	...	6	16		...	1	1	...	...	2		Constitutional Syphilis	...	...
All other Diseases	2	6	7	11	9	5	...	21	11	9	4	8	6	46	...	24	22	9	14	214		15	11	33	...	15	74		All other Diseases	10*a*	...
Accidents	1	...	...	...	...	...	...	10	26	...	1	...	...	1	...	...	...	...	...	39		...	1	8	...	...	9		Accidents	1	...
Total	4	16	13	22	11	13	7	35	39	21	23	15	9	69	3	28	32	14	24	398	323	25	20	63	1	26	135	106	Total	18	4

a 1 Heart Disease; 1 Diabetes; 2 Paralysis; 2 Old Age; æt 87 and 78.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
7 Mr. JON. DALGLEISH.
8 Dr. A. BOLTON.
9 Dr. A. BOLTON.
10 Mr. H. E. ARMSTRONG
11 Mr. W. ANDERSON.
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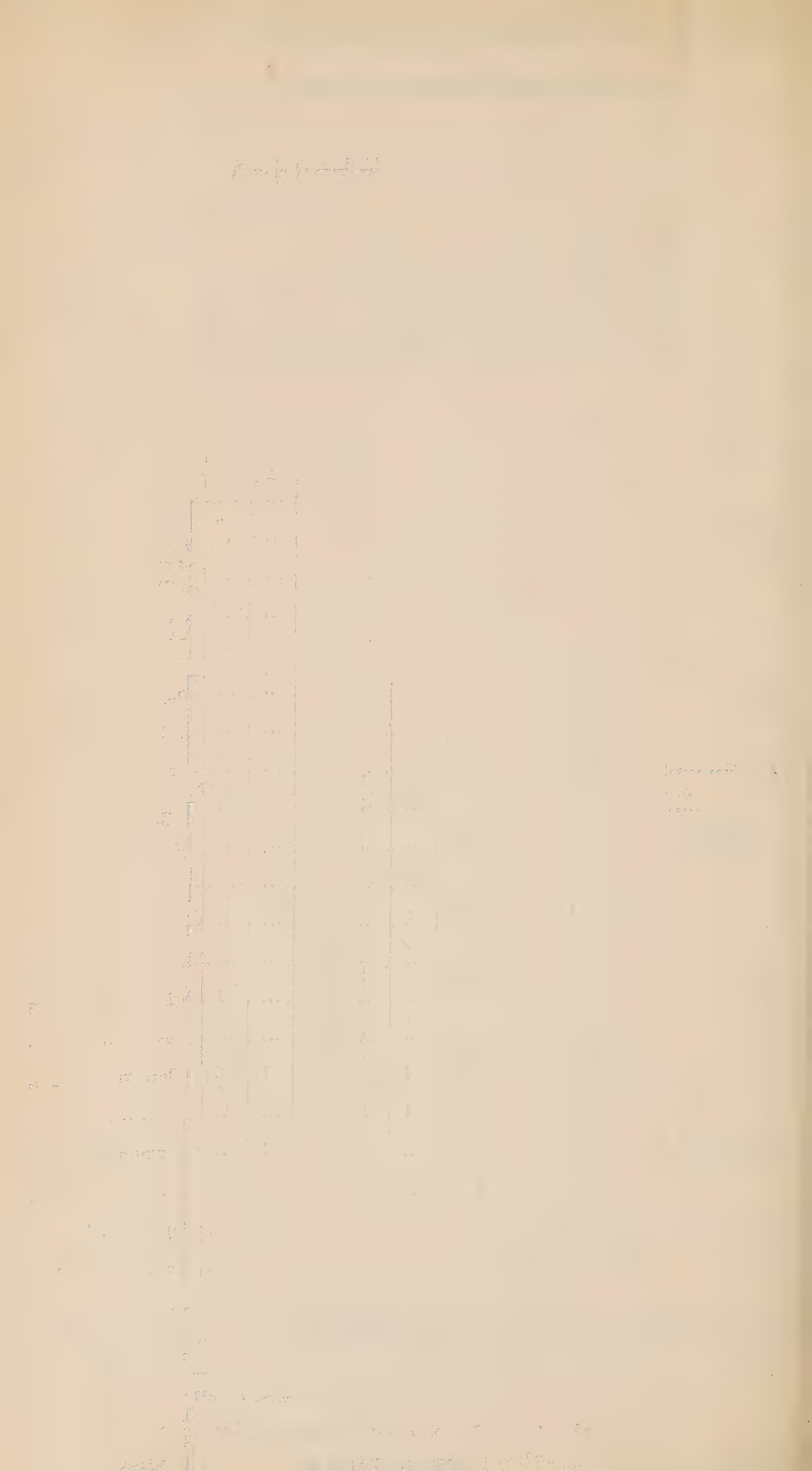
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R F. COOK.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 20th DAY OF FEBRUARY, 1869.

DISEASES.	NEWCASTLE. POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		GATESHEAD. POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																				
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	...	1	...	...	1	3	...	...	2	1	1	...	...	...	...	...	...	...	9		1	...	1	..	...	2		Scarlet Fever	2	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Hooping Cough	...	...
Croup	..	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Croup	...	...
Diarrhœa	...	1	...	...	...	2	2	...	..	...	...	1	...	...	...	2	...	1	...	9		2	...	1	...	...	3		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2		1	...	...	...	...	1		Erysipelas	...	...
Continued Fever	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	2	1	1	...	...	...	...	...	...	...	...	...	..	4	...	...	...	...	8		4	...	...	3	...	7		Typhus	5	...
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2		...	...	...	..	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4		...	...	2	...	2	4		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	1	...	...	1		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	4	3	2	...	1	4	4	2	1	4	6	4	1	8	...	2	4	2	2	54		5	2	9	...	5	21		Bronchitis and Catarrh	4	1
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	..	3		1	...	3	...	1	5		Pleurisy aud Pneumonia	...	...
Phthisis	...	...	...	...	1	...	...	4	...	3	3	1	2	8	...	1	...	...	1	24		...	...	3	...	1	4		Phthisis	2	1
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	3	2	2	9		...	...	...	...	...	...		Constitutional Syphilis	...	...
All other Diseases	2	4	9	12	3	4	...	21	13	10	7	5	2	35	...	46*a*	18	15	10	216		21	4	33	...	35	93		All other Diseases	10*b*	...
Accidents	...	...	1	...	...	...	...	6	30	2	...	...	...	...	...	...	...	...	...	39		...	...	10	...	...	10		Accidents	2*c*	...
TOTAL	6	14	15	19	5	13	11	34	44	22	20	12	5	51	5	52	25	20	16	389	299	35	6	63	3	44	151	86	TOTAL	25	2

a 2 In-patients. *b* 1 Old Age; 1 Tabes Mesenterica. *c* 2 Fracture of Skull.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
6 Mr. W. A. I'ANSON.
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8 Dr. A. BOLTON.
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10 Mr. H. E. ARMSTRONG
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20 Dr. R. F. COOK.
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22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 27th DAY OF FEBRUARY, 1869.

DISEASES.	NEWCASTLE. Poor Law Districts.							NEWCASTLE. Public Institutions.												NEWCASTLE. Total.		GATESHEAD. Poor Law Districts.		GATESHEAD. Public Institutions.			GATESHEAD. Total.		DISEASES	DEATHS.	
								Infirmary.		Dispensary.																				
	St. Andrew's.	Jesmond, Heaton and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.		Newcastle.	Gateshead.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1		...	...	...	...	...	...		Small-Pox	...	...
Measles	...	...	...	2	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	6		...	...	...	...	...	...		Measles	...	...
Scarlet Fever	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	...	...	...	4		5	...	...	..	...	5		Scarlet Fever	1	2
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Diphtheria	...	...
Hooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Hooping Cough	...	...
Croup	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup	...	...
Diarrhœa	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	6		2	...	2	...	3	7		Diarrhœa	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Dysentery	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Asiatic Cholera	...	...
Erysipelas	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	4		...	...	...	...	...	...		Erysipelas	1	...
Continued Fever	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Continued Fever	...	...
Typhus	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	5		1	...	...	...	...	1		Typhus	...	...
Enteric or Typhoid	...	...	1	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...		Enteric or Typhoid	...	...
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Relapsing	...	...
Febricula	...	...	...	4	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	7		3	1	5	...	1	10		Febricula	...	...
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Ague	...	...
Rheumatic Fever	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3		1	1	...	...	...	2		Rheumatic Fever	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...		Puerperal Fever	...	...
Bronchitis and Catarrh	...	3	3	...	3	3	2	...	...	4	3	6	1	6	...	2a	3	1	4	44		7	1	8	...	7	23		Bronchitis and Catarrh	1	...
Influenza	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Influenza	...	...
Pleurisy and Pneumonia	...	4	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	..	5		...	...	1	...	...	1		Pleurisy aud Pneumonia	...	...
Phthisis	...	1	...	...	...	...	...	...	1	...	2	2	...	7	...	1	...	1	...	15		1	...	4	...	1	6		Phthisis	1	1
Constitutional Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	2	...	1	7		...	...	...	...	1	1		Constitutional Syphilis	...	...
All other Diseases	5	6	5	16	7	6	...	19	8	4	7	3	2	46	...	32b	20	7	17	210		8	3	47	...	14	72		All other Diseases	5	...
Accidents	...	1	...	...	2	...	...	7	27	...	...	...	...	...	...	...	...	...	...	37		...	...	10	...	...	10		Accidents	1c	...
TOTAL	6	23	10	23	13	12	3	26	37	10	17	12	7	61	1	38	26	13	24	362	325	28	6	77	...	27	138	77	TOTAL	10	3

a 1 An In-patient. *b* 2 In-patients. *c* Compound Fracture of both Legs, and Fracture of Skull.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
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